THE

WESTERN JOURNAL OF MEDICINE,

(Formerly, "Cincinnati Journal of Medicine.")

Thus it will be seen that if man has passions which impel him to the destruction of man, if he be the only animal who, despising his natural means of attack and defence, has devised new means of destruction, he is also the only animal who has the desire, or the power to relieve the sufferings of his fellow citizens, and in whom the co-existence of reason and benevolence attests a moral as well as an intellectual superiority.—*Graves' Clinical Medicine.*

DECEMBER, 1867.

A Few Thoughts on the "Contra-Indications" of Lithotomy. By George C. Blackman, M. D., Professor of Surgery in the Medical College of Ohio, etc., etc.

Notwithstanding the brilliant advances which have been made in surgery during the present century, we still find our highest authorities divided in opinion not only in reference to the best method of performing lithotomy, but even as to the condition of the patient which contra-indicates this important operation. It can not be denied that in rejecting some apparently unpromising cases, surgeons have been governed by what Sir Henry Thompson has denominated "a worldly-wise and prudent policy," and have consigned to certain death patients who might have been saved by an operation.

Sir Henry Thompson, of the University College Hospital, London, has published in the *London Lancet*, October 26th and November 2d, of the present year, a paper entitled "Considerations suggested by the study of 100 cases of stone in the bladder of the adult recently operated on," in which he remarks that these had been subjected to operation during the past three years and a half, and that he has not refused to operate in a single case which applied to him during that period, adding that he had performed lithotomy "in the worst possible cases, however bad, rather

than leave the patient to the certainty of a painful and lingering death." In the November number of the same journal he thus refers to the above statement: "I have already said that I have not declined a single case during the period in which these 100 cases were operated upon. On reflection, I might perhaps have done wisely to decline one case—a patient for whom I performed lithotomy—a fatal one; further I might have exercised a worldly-wise and prudent policy had I declined some five or six more whom I submitted to lithotomy. But then I believe it to be dereliction of sacred duty to deny the one single chance of life to a suffering brother, lest the statistical results of practice shall be impaired. Not unfrequently have I consented with much reluctance to operate; but it has been difficult to withstand the entreaty of a poor fellow for whom death was imminent, and who, knowing fully well the risks, begged hard that he might encounter them, as his last and only hope. This recently occurred with a patient who, after seven years of suffering, came to me from the Cape, a mere skeleton, worn out by disease. I declined, but offered an appeal from my decision, in the form of a consultation with my friend Mr. Paget. The refusal was confirmed, and, in despair, the patient sent for a well known physician, and begged to learn why he should be denied the only hope of life, for which he had at so much cost of time and of pain crossed half the globe. The result was that we consented. I cut him, and he recovered. Is it not then, almost impossible to say there is no hope? And if there be a single chance, how difficult to deny it! It was among such cases as these—cases of advanced age and of large stones—that I lost the six deaths among the sixteen of my lithotomy cases."

We have had in our own practice several cases which tend strongly to corroborate the views above inculcated by the distinguished lithotomist of University College Hospital, but we will give in detail the following only, for the report of which I am indebted to my former pupil Dr. J. S. Billings, at present one of the most talented of the regular army corps. The patient had in addition to the calculi, cardiac disease, a varicose condition of the veins of both lower extremities, hemorrhoids, enlarged postate, and the other symptoms enumerated in the report. For some time I refused to operate, but finally yielded to the urgent entreaties of the patient.

Case.—Mr. Glass, a boiler maker, aged 67, placed himself under treatment, July 2nd, 1867, for retention of urine. He has had more or less prostatic trouble for 20 years—and on one or two occasions has passed some gravel in his urine. He has also been subject to asthmatic attacks. Has been much exposed to the weather and has indulged freely in the use of liquor.

Present Condition.—Pulse rapid—weak—intermittent—arteries ossified—the radial feels like a wire to the finger—has double inguinal hernia—largest on left side. The retention of urine is complete; urine is very bloody and filled with clots; alkaline, and contains a large quantity of stringy offensive mucus. On sounding him unequivocal signs of calculi were apparent. Tongue slightly coated; appetite good. The catheter was introduced every four hours, and he was put upon nitric acid gr. gtt. vi. every four hours. Under this treatment he steadily improved, the urine becoming acid, and being almost entirely free from blood and mucus.

July 21st.—The calculi were removed by Professor Blackman, assisted by Professor Lawson—Drs. Tripler, Dodge, Taillefero and Foster—several other medical gentlemen being present. The simple lateral incision was first made, then changed into the bilateral—when fourteen stones, varying from the size of a bean to that of an almond, were removed by means of the scoop and forceps. The middle lobe of the prostate—completely infiltrated with calcareous matter was then removed—when a stone was felt which proved to be encysted. After a slight delay it was also removed, and was found to measure about one inch by one and three-quarters. The rectum and the incision were then thrown into one passage by a stroke of the knife, and the bladder thoroughly washed out with warm water. There was no hemorrhage of consequence. An attempt was made to use chloroform, but was abandoned in consequence of the bad effects it appeared to produce. The operation being over, he was removed to his bed and given opium in two grain pills every three hours.

July 22nd.—Doing well. No hemorrhage; has passed a large quantity of bloody urine by the wound. Pulse good—no fever.

July 23d.—Slept well—is doing first rate. Ordered port wine and good diet. From this time he continued to improve steadily until August 1st, when the urine began to pass by the urethra.

August 20th.—Feels perfectly well—can hold his urine about three hours—passes most of it by the urethra.

September 3.—His general health is excellent; appetite good, and says he feels as strong and well as ever. There is no incontinence but he is obliged to pass his urine every four hours at least. The greater part passes by the urethra—sometimes the whole, and by slight pressure upon the perineum, he can entirely prevent the flow of urine through the fistula.

The patient survived about a year, and finally died of hydrothorax, the result of his cardiac disease. Now, in contrast with the doctrine recently announced by Sir Henry Thompson, and which the above, with several other cases in our own practice, tend strongly to support, let us contrast the "contra-indications" as given by some of our highest authorities.

Mr. Erichsen in the 4th London edition, (1864,) of his Science and Art of Surgery, p. 1079, thus observes: "Before subjecting a patient to operation, his general health must be properly attended to; and, indeed, if we find the constitution much broken by prolonged suffering, the blad-

der or kidneys seriously diseased, as indicated by the existence of pus or albumen in the urine, it will be wise to postpone the operation for a time, or perhaps even defer it altogether. There are but few conditions in which a surgeon is placed, that test his moral courage more seriously than the refusal to operate on a patient for stone, and thus allow him to die unrelieved. For a surgeon to do this, unmoved by the entreaties of the patient and his friends, requires no little self-reliance. Yet when the patient is greatly emaciated, his constitution broken down, and his kidneys evidently disorganized extensively, lithotomy would be attended by an inevitably and rapidly fatal result, and the performance of an operation would be an useless act of cruelty."

Professor Gross in the 2d edition of his Treatise on the Diseases of the Urinary Bladder, etc., (Phil. 1855,) p. 537, observes: "No surgeon having a proper regard for his own character and the dignity of the profession, would be likely to operate in case the patient is affected with organic disease of the lungs, or of other important viscera. Serious lesions of the kidneys, ureters, bladder, and prostate gland also forbids interference. In short, whenever the health is much impaired by previous suffering, not solely dependent upon the presence of the urinary concretion, the judicious surgeon will hesitate not a little before he will resort to the knife."

In the third edition of his System of Surgery, (1864,) p. 722, Vol. II., he repeats the same prohibition. At p. 538, (Treatise on the Urinary Organs,) he states that he should hesitate to cut a patient for stone even in the earlier stage of tubercular disease of the lungs, and he would "consider such a procedure as utterly inadmissible after the deposit has made considerable progress." In a review of the first edition of the above Treatise which we prepared many years ago, for the *New York Journal of Medicine*, we referred to the cases reported by Belmas, (*Traité de la Cystotomié Sus Pubiènne*, p. 279,) and others in which it was evident that tubercular phthisis had been arrested, and as it was claimed, even cured by the operation, but these cases, according to Prof. Gross only prove that patients will occasionally recover under very adverse, if not desperate, circumstances, and he adds that he would be sorry to see a rule of practice established upon such a slender basis.

"The same connection exists here between the bladder and the lungs, as between the anus and the lungs in fistula; in both cases the pulmonary disease is retarded, countervailed, or entirely suspended by the remote affection, which thus plays the part, at least for awhile, of a pyogenic counter-irritant. The moment the counter-irritation is removed, or the

source of the remote discharge dried up, the tubercular malady acquires new life, and steadily progresses until it effects the patient's destruction. There are exceptions to all rules, though it is not always easy to dicover and apply them at the bedside." P. 538.

Now, in reference to operations for fistula in ano quoted in connection with this subject, we know from our own observation that the statement made by the late Dr. John Mason Warren, in his "Surgical Observations," etc., Boston, 1867, is true. "In regard to the rule for operating on phthisical patients, I should say, that, if the fistula causes no irritation, avoid interference. If much inflammation, with numerous external fistulous openings, is present, causing great suffering, preventing exercise, and deranging the system generally, an operation often restores almost new life to the patient." P. 192.

Mr. Richard Quain in his most admirable work on the *Diseases of the Rectum*, is opposed to the operation for fistula in ano in cases of tubercular disease of the lungs, but not for the reasons assigned by Professor Gross. He objects to it because of its liability to enlarge the sore, and to augment the surface secreting pus—in a word to give rise to the very pyogenic counter-irritant to which Prof. G. attaches so much importance as a safety valve. Mr. Erichsen on the other hand, op. cit. p. 1048, remarks that he has in several cases found considerable advantage result from operating for fistula in the early stages of phthisis, or in suspected cases of that disease, "the patient's health having considerably improved after the healing of the fistula." In the review to which we have already alluded, published in the *New York Journal of Medicine*, January 1852, and which was based on the works of Gross, Lallemand, Civiale, Bird and Syme, (p. 119,) we thus expressed our opinion in reference to tubercular disease as a contra-indication to lithotomy, and subsequent observation has but strengthened our views upon this subject:—In Dupuytren's "*Maniére Nouvelle de prat. l'operation de la Pierre*, by Sanson and Begin, is related a case, where the patient exhibited every indication of tubercular disease of the lungs, as dullness under the clavicle, an almost constant hacking cough, all of which disappeared, shortly after the removal of the stone; and Belmas (*Traitè de la Cystotomié*, p. 299,) remarks that the practice of Dr. Souberbielle presents us with abundant proof that the operation may arrest the progress of these affections and cure the patients. We have had occasion, (*N. Y. Jour.*, July 1851,) to advert to the propriety of amputating in certain cases of this kind, and the facts which we then brought forward, as well as those to which we have just alluded, conclusively prove, in our opinion, that tuber-

cular disease of the lungs, unless far advanced, is not always to be regarded as a contra-indication, either to lithotomy or amputation.

Sir Benjamin Brodie has fully described the great hazards which patients submitting to lithotomy must encounter when they are affected with organic disease of the bladder, kidneys, or other internal viscera, nevertheless he has reported cases in which even under such desperate circumstances, he did not feel at liberty to refuse the urgent entreaties of his patients. He mentions one case in which he operated when the patient had albuminous urine, and the patient recovered without an untoward symptom. He adds that he lived for several years, and at last died of another complaint. We make the following extract from the second volume, (p. 644,) of the works of this distinguished surgeon, as illustrating the position in which the surgeon is often placed: "Many an individual influenced by his own fears, or in compliance with the absurd advice of his friends, has missed the period at which an operation would have been almost free from danger, has dragged on an anxious and uncomfortable existence, month after month, and even year after year; trying at one time, medicines prescribed by regular physicians, and, at another time, medicines prescribed by quacks—all to no purpose; and at last has been driven by his sufferings to make up his mind to undergo the operation, when his condition has become so altered, that a prudent surgeon would either altogether decline to undertake it, or would perform it with great unwillingness, and solely as an act of duty, or if you please, of humanity, towards a suffering fellow-creature."

We have just lost a patient under the above circumstances, some sixty-five years of age, who had suffered for ten years the most cruel tortures from his complaint, and who was anxious to avail himself of relief from the operation even though he knew that feeble indeed were the chances in his favor. For three days after the operation matters progressed most favorably, but on the fourth he began rapidly to sink and died on the fifth day. My friend, Dr. Boerstler, of Lancaster, O., his attending physician, informs me that he seemed to die from uremic poisoning, as did his father before him, who was also a sufferer for many years from the same complaint, but who never submitted to an operation. Sir Benjamin remarks, p. 641, that he has been led to believe that such cases would have died nearly as soon, "perhaps quite as soon, if the operation had not been performed."

In concluding our hastily drawn up remarks, we will only observe that our distinguished countryman, Professor Dudley, in his marvellus success in losing only six out of two hundred and seven cases of lithotomy, must have been much more particular in the selection of his cases than

would be Sir Henry Thompson. We have often heard it stated that Prof. Dudley was not in the habit of selecting his cases. Now we have before us a paper by Prof. D., published in Lexington in 1836, the title of which is "*On the Nature and Treatment of Calculous Diseases.*" At page 21, he observes:

"Out of one hundred and forty-five individuals afflicted with the malady who have made application to me for relief, the operation was performed upon all with the exception of ten; and of this small minority, two only were presumed to be too debilitated to justify the operation; one of these was a gentleman eighty-two years old, the subject of frequent and prostrating hemorrhages from the bladder; the other a youth in the last stage of hectic fever, from disease of the liver or lungs. In the other eight cases the operation was rejected from different and various reasons."

Did time permit we might, as before stated, give in detail the reports of several cases in our practice which show the propriety and even the duty of acting on the principle now taught by Sir Henry Thompson, but we must now bring our remarks to a close, not, however, without expressing our gratification that Sir Henry's favorite method is the median or medio-lilateral as proposed by Civiale in 1836, a method which we have preferred in our last ten operations, and which we predict will soon become the favorite operation with all lithotomists.

The Source of the Bile. By JAS. F. HIBBERD, M. D., Richmond, Ind.

During the last annual meeting of the Indiana State Medical Society, I had the honor to present to it a paper on the bile, wherein I discussed four principal points, viz:

1st. The source of the bile.
2nd. The function of the bile.
3rd. The agency of the bile in the color of the fæces.
4th. The cholagogue power of the mercurials.

In my effort to determine the first proposition I acknowledged in the outset that the more common professional opinion was that the bile was derived from the portal blood, but in the study of the affair it was found that in some of the lower animals the liver was normally furnished with arterial blood only; that in the human embryo the liver was developed from two separate points, one point connected with the venous system, from which sprang a ductless gland; the other point connected with the arterial sys-

tem, from which sprang a gland having a duct like other secreting glands; that in the adult these two glands were anatomically closely interwoven, but histologically and functionally distinct; the part developed from the venous system being still supplied with portal blood only, and functionally engaged in making sugar; while that part developed from the arterial system was supplied with blood by the hepatic artery, and was functionally engaged in the preparation of bile: that in cirrhosis the part of the liver to which the portal blood is distributed becomes disorganized and incapable of performing its function, and yet the secretion of bile continues: and that in divers instances enumerated, the portal blood was cut off from the liver by a malformation or a pathological impediment passing directly into the vena cava, without arresting the flow of bile. Having presented these facts somewhat in detail, I felt impelled to declare that "we can not avoid the conviction that the arterial blood affords the pabulum of the bile."

The *Western Journal of Medicine*, for September last contained a review of the Transactions of the Indiana State Medical Society, and in regard to the point herein presented, the writer uses the following language:

"Whether the bile is formed from the blood carried to the liver by the hepatic artery, or the portal vein, is a question which has caused no little discussion among physiologists, and upon which the affirmative and negative have both, at different times, been held to be true. The most recent researches seem to have decided the question adversely to the views held by the author of this paper. In 1862, Moritz Schiff undertook the solution of this most difficult problem, and pursued his investigation with every precaution against error; he arrived at the conclusion that in the normal condition the secretion of bile is exclusively from the portal blood, and that when the portal circulation is suddenly stopped, as by ligature, the production of bile immediately ceases, and the animal dies, poisoned by the retained excrementitious matters; when, however, the stoppage of the portal circulation is slowly effected, the secretion of bile may still go on, being kept up by the accessory portal veins; and in certain conditions brought about by experiment, the bile may be formed from arterial blood, but these conditions are purely artificial, and have no practical interest. These conclusions of Schiff have been adopted as reliable by the highest authority, and are looked upon as settling the question."

These facts and conclusions were credited, by the reviewer to Jaccoud, in an article on the bile, in the *Nouveau Dict. de Médecin et Chirurgie Pratiques.* Knowing nothing of Jaccoud's writing, and never having heard of Schiff's experiments, I felt much interest to procure particulars. I obtained a copy of the work above referred to, and a friend made for me a careful translation of so much of Jaccoud's paper as related to Schiff's investigations of the source of the bile.

Jaccoud declares that Schiff is a man of great sagacity and experimental ability, and that he proceeded in these experiments with much caution, avoiding all possible sources of error. Schiff operated on three cats by tying the three branches of the cœliac axis, and also the inferior diaphragmatic artery, and afterward establishing a biliary fistula. The bile was produced as freely, as in the normal state. Jaccoud says nothing of the time these cats survived, nor how long the observations on them continued.

Schiff's next experiment was on cats by tying the trunk and branches of the portal vein in a part of them, and in the others he isolated the hepatic artery, then tied all the other liver vessels in a single ligature, including the ductus choledochus, and afterwards established a biliary fistula. "Five experiments were made; none survived beyond an hour and a half, not a drop of bile was produced; the cats died in coma, two had slight convulsions. Thus, then, the ligature, *sudden and total* of the portal system, suppresses instantaneously the biliary secretion, and the animals die poisoned by the generative materials of the bile."

In the third place Schiff experimented on cats and dogs to determine the effect of a gradual obliteration of the trunk of the portal vein. It is not mentioned how many animals were operated upon, nor the method of operating, but it is declared that the experiments could not be continued beyond six and a half days. When the portal trunk was closed in this way the result was that the liver continued to secrete bile because certain accessory veins, not pertaining to the portal system, supplied the required pabulum. Schiff, therefore, concluded that *venous* blood was absolutely required for the production of bile, but that it need not necessarily be *portal* blood.

Schiff probably, Jaccoud certainly, relied upon the second series of experiments to justify the declaration that the question of the source of the bile was settled, and its discussion closed, because in this instance the full particulars are given, while in each of the other series the narrative omits something that renders it intangible for the purpose of demonstration.

Now let us examine this report of Schiff's second experiments, and see what he has done that should alter the conclusion we derive from the converging testimony of so many other, and usually reliable, sources. Five cats were operated upon by cutting off, absolutely, all venous blood from the liver, not one of the five surviving beyond *one hour and a half*, and during this short period a *biliary fistula was also established.* If the life of the cat that survived the longest continued only one hour and a half after the operation, how long did the others live? But suppose they all

survived the ninety minutes, can we be surprised that a cat subjected to two terrible operations within that period and died at the end of it should have a liver that failed to secrete bile under such circumstances? Nay is it not likely that the kidneys, the testes, etc., also failed to perform their wonted functions during this brief death struggle?

The annunciation that the liver furnished no bile under such perturbations of vitality, is devoid of virtue until it is shown that the other viscera were properly performing their normal functions the while. But, says our author, all the cats died comatose, and two of them with slight convulsions, *poisoned by the retained elements of the bile!* Marvelous!! Will any pathologist in the world, after giving the affair a moment's reflection, believe that the suppression of the bile for one hour and a half in any animal whatever, without other lesion, can produce coma, convulsions and death? Verily I believe not one. Beside, is there not ample cause for all the fatal phenomena mentioned, in the double operation and the systemic venous congestion consequent upon tying all the afferent venous vessels of the liver?

It seems to me quite clear that no logical mind can be satisfied to adopt the conclusion that Jaccoud has drawn, after a careful examination of the premises he has presented.

Schiff's original paper detailing his experiments was published in a Swiss Journal to which I have not had access, consequently I can only judge of the value of his investigations from Jaccoud's epitome; but if the latter has fairly represented the facts, I am quite sure there is no warrant for the broad and repeated assertion that the debate on the derivation of the bile is closed, unless, forsooth, we take it opposite to his intention, and declare that Schiff has presented nothing to disturb the conclusion so fairly drawn from other sources, viz.: that the bile is generated from arterial blood.

Report of a case of Enlargement of the Stomach from Occlusion of Pyloric Orifice. By ORPHEUS EVERTS, M. D., Michigan City, Ind.

Mrs. S——, a German woman, of the laboring class, aged 57 years—23 years in America—had enjoyed good health, and reared a large family, without any incident of life unusual, or of scientific interest. Had been an invalid for a year previous to 1st of January, 1867, when I was called in to see her. Found her emaciated—cadaverous, and anxious,

Pulse small and frequent, tongue pale and unnatural, yet giving no diagnostic with which I was familiar. Pain referred to *left* epigastric region and extending down in direction of descending colon. Too much flatulence to trace the internal organs anatomically. Constant spitting of watery eructations. Loss of appetite, with inability to retain food. Persistent costiveness. Sense of formication in the abdomen, often so marked as to have induced the belief that some living reptile was within. Had been in bed four months. Previously had ceased to labor, often fainting after slight exertions. Had been treated medicinally by various practitioners. I was requested, *if I could cure the disease*, to take the case.

Satisfied of the malignant nature of the disease, yet uncertain of its precise location, I gave an unfavorable prognosis, and was not retained. A German physician was called who was more hopeful, and adopted the superstition of the family respecting the presence of a snake, having been received from the swamp, while drinking swamp water during the whortleberry season. The Doctor (?) told me that he believed that there were two reptiles in the stomach, but thought they were lizzards, and not "snakes." He thought that he could trace their forms, and detect their heads. He afterward informed me that he had expelled them from the stomach, but that the patient was too feeble to bear further expulsory treatment, and so the reptiles remained in the lower intestines.

Assuring the Doctor of my incredulity, yet great interest in the case, I requested to be notified of a fatal termination, if it should occur during his administration.

Medical advice from Chicago was invoked, and the serpent theory confirmed—but no aid to the patient, who expired February 24, 1867.

Drs. Sherman, Page, and myself visited the friends and were granted permission to "view the body." The German practitioner was also present. Nothing new in external appearance. An incision from the ensiform cartilage to the pubes was made and the contents of the abdomen exposed. Everything was abnormal in appearance. The stomach seemed to fill the entire cavity, covering all the other intestines, its largest extremity reaching into the pelvic cavity. The pyloric extremity was in its normal position, bound down to surrounding parts with strong fibro-cartilaginous bands. I removed the organ by cutting the œsophagus and duodenum, and found it containing about six quarts of semifæcal matter, in a fluid state. Its tissues seemed sufficiently firm—and presented no marked pathological appearances to the naked eye, except in the pyloric extremity, where the mucous coat exhibited extensive erosions, affecting four or five inches square. The pylorus was almost obliterated, and

together with three inches of the duodenum was involved in a firm almost cartilaginous mass of induration. This tissue was unabraded, and seemed to be but slightly vascular. The remaining small intestines were empty and atrophied. The cæcum was nearly obliterated, the vermiform process appearing almost as large as the body of the organ. The colon through its whole course was empty, and not larger than a man's finger in diameter. All adipose deposits had been removed, leaving the vascular distribution of the mesenteric system very beautifully displayed, although participating in the general atrophy. The liver was very pale, and about one-third normal size. The gall bladder empty. The spleen was completely blanched, and not larger than a lamb's tongue, which it resembled.

Our autopsy was hurried, and our observations such only as may be made with the eye and hand. We did not open the chest or head.

I could not ascertain precisely when defæcation per rectum ceased, but evidently nothing had passed into the lower bowel for many months.

The case suggests its own interest to those who read.

Importance of Diagnosis in Simple Cases—Caution Against the Careless Use of Needles and Pins about Children. By WAYNE GRISWOLD, M. D., Circleville, Ohio.

There is no subject connected with the whole field of medical science more important to success than diagnosis.

It can not be studied too minutely in any case, whether simple or complicated. The field is so broad, the subjects so numerous, that we sometimes find ourselves groping our way in the dark after all the research we can make. But he who makes the most correct diagnosis will be the most successful in treatment.

Errors may be committed in diagnosis, even by the best men, to some of which no blame attaches.

I propose to give a few very simple cases to illustrate.

Case 1st.—A child twelve months old was brought to my office by the parents. They said it had been seen by several physicians, and doctored by one four months for marasmus; that at five months of age it began to cry, and had cried all the time since, except during short intervals of sleep; that every time it moved it would cry, scream and writhe as if in great agony. This had continued for seven months, until the child was a perfect skeleton, nothing but skin and bones, and still crying and screaming all the time.

An examination gave no symptoms of marasmus except the mere emaciation.

The child nursed, and nutrition seemed to be tolerably good. The vital forces were used up and exhausted by some unknown cause, that created great agony in the child. There was was no strumous taint.

The parents knew of no cause; they had done all they could, and were waiting for death to relieve them of their great anxiety over their long distressed child.

The child was stripped that every part of the surface of the body could be examined. A small hard callus was discovered on the fifth rib, a little anterior to the middle of the left side. Pressing upon each end a needle or pin could be distinctly felt. Cutting down upon one extremity, a needle an inch and a half long was removed and the child sent home, and ordered to be freely fed. The marasmus was cured.

Case 2d.—Mrs. F. brought a child four months old. She said it had the colic for four days, and had cried all the time; that she had given it medicine for colic three days, but it was no better, and she feared it would die. The child had no evidence of colic, only the great distress when moved or handled. When a suggestion was made to the mother that a needle or pin was pricking the child, she said it could not be, for she was very careful. The child was stripped and carefully examined, when a piece of needle was found more than one half inch long, having penetrated the groin and broken off. It was removed and the child cured.

May we not have needles or pins accidentally in the flesh of children, causing distress and disease much oftener than we are aware of? When we look at the number of pins and needles used about infants, and the carelessness of many mothers and nurses, is it a matter of surprise that many cases of this kind occur? We have some quite interesting cases on record.

Trousseau relates a case in his Clinical Lectures, where he was called in consultation with Dr. Blanche, to see the child of a Foreign Minister to the Court of France, taken with convulsions. On removing the cap, a thread was discovered on the scalp. On picking it up he found it attached to a needle which had penetrated the brain. He extracted the needle, curing the convulsions, but the child afterwards died from hydrocephalus.

He likewise relates a case, the son of Prof. Soubeiran, who died with convulsions, for which no cause could be assigned. But a post mortem examination revealed a needle transfixing the liver.

Underwood, also, gives a case of a needle penetrating the brain, causing convulsions.

Numerous cases might be cited where needles and pins imbedded in the flesh of children, have been the cause of serious disease and death.

But I will not ask for space in your valuable JOURNAL to report more, as I have given enough to illustrate not only the importance of diagnosis in simple cases, but the importance of caution in the use of needles and pins about children.

Case of Hypogastric Lithotomy. BY DR. GUIDO BELL, Indianapolis.

Permit me to call the attention of the medical profession to an instructive case of lithotomy, in which the *hypogastric or high operation* was successfully performed. This case demonstrates that there is no danger from vesical sutures, and that the introduction of the catheter is not required.

Frank King, a healthy boy four years and a half old, suffered very much for several months with dysuria. About a month before I operated on him, I felt in examining *per anum* a hard substance lying just at the vesical orifice, which, upon being touched receded in an upward direction: the sound was not passed at this time.

He had pain in urination and in defæcation—the pain varying in intensity and in continuance at different times.

On Saturday, the 17th of August, I was called to see him in a very severe and protracted paroxysm. Introducing a uterine probe into the urethra, it was readily brought in contact with the stone, and between the instrument and the finger introduced into the rectum, the stone could be firmly held: at that time I judged the calculus to be about the size of a pea—a mistake afterwards discovered, and explained by the fact that only a portion of it was thus held.

I was assisted in the operation, which was performed on the 20th of August, by Drs. Homburg and Gussman, and Mr. Perling. After the patient was chloroformed, the sound was introduced, and the peculiar click demonstrated to the satisfaction of all the presence of the stone. The bladder was then half-filled with tepid starch-water, and the anæsthesia being sufficient, I made an incision in the *lin. alb.* two inches and a half in length to the *lig. suspens. penis;* then the left forefinger being placed on the symphysis, a perpendicular incision was made, and the parenchyma divided over a director the length of the first incision; the recti were divided about half an inch on each side. Immediately the bladder pro-

lapsed, it was held up near the urachus, pressed forward by the sound, and incised with the scalpel backwards and downwards, this incision being about an inch and a half long, and from it the injection escaped freely. Twice I endeavored to remove the calculus with polypus forceps, but failed; this was then accomplished by means of the right forefinger introduced into the bladder: there was no other stone. Three silk sutures passing superiorly to the mucous membrane, were used to close the vesical incision. The restlessness of the patient caused the bladder to prolapse several times. The abdominal incision was closed with the twisted suture to within an inch and a quarter of its inferior end. A cloth covered with cerate was applied to the wound, and over this a bladder containing ice was suspended so as just to touch it. Immediately after, the patient took a twentieth of a grain of opium and half a grain of camphor.

The calculus is heart-shaped, dark-brown, weighs sixteen grains, measures half an inch in its longest diameter, and is of the variety known as mulberry.

(We omit all the details, as given by Dr. Bell, of the progress and treatment of the case, save that the catheter introduced immediately after the operation, was removed by the patient in the evening of the same day, and not re-introduced—that the twisted suture was removed on the 20th of August, and the vesical suture cut off on the 31st, and before the 12th of September the patient was out walking, the wound then being entirely healed. Dr. Bell concludes as follows:)

I believe the supra-pubic operation the best in case of a child, for the following reasons: 1. The elevated position of the bladder at this time of life. 2. We can see what we are doing. 3. The calculus may be large. 4. There is no danger of impotence in after life.

Prof. V. v Bruns, M. D., an eminent surgeon in Germany, advocates this method.

(Lest the success which attended our accomplished friend in this method of operating for stone, may lead others to exaggerate its value, we beg leave to remind them, (*vide* Holmes' System of Surgery, Vol. IV., pp. 468, 469,) that there is excellent authority for the statement that in children under 12 years of age, the lateral operation is the safest and most successful, the mortality being 1 in $17\frac{1}{2}$ cases; that in Allarton's median operation on 139 cases at all ages, the deaths were in proportion of 1 to 11; that the bi-lateral operation of Dupuytren bears a death-ratio of 1 in $4\frac{1}{2}$; the recto-vesical about 1 in 5, and the supra-pubic 1 in $3\frac{1}{4}$. These latter proceedings, says Mr. Poland, are only had recourse to in cases of very large stone, and where complications exist preventing perineal lithotomy.—T. P.)

Case of Poisoning by Chloroform. By J. E. Tefft, M. D., Springfield, Missouri.

The subject of this report was a young man, aged twenty-eight, of good constitution, though considerably broken down by hard drinking. On the morning of July 17th he arose early, went out and procured two ounces of chloroform, returned to his room and swallowed the whole amount, undiluted. He had been drinking more than usual for several days, and was in very low spirits; and had several times while partially intoxicated, expressed an intention of committing suicide. His family physician, Dr. W. P. Murphy, was summoned, and saw him at 7 o'clock, about three-quarters of an hour after the swallowing of the chloroform. I saw him a quarter of an hour later, and found him in a state of profound coma; the eyes fixed and glassy; the pupils of natural size, but insensible to light; the pulse about eighty, full and strong, and the breathing slightly stertorous. Signs of prostration were not apparent until about 8 o'clock, (two hours after taking the dose,) when the circulation began gradually to fail; the pulse became more frequent and feeble; the respiration became gasping and stertorous; the extremities became gradually cool; the pupils dilated and the skin assumed a purple and mottled color. At 11 A. M. the pulse was entirely absent at the wrist; the arms cold to the shoulders; the legs cold to the knees; the breathing very labored, and the whole body wet with a profuse clammy perspiration. From that time gradual signs of reaction commenced. When I saw him, no attempt had been made to evacuate the stomach. No stomach pump was at hand. When Dr. Murphy first saw him he was totally insensible and unable to swallow, and he judged that the stomach would not respond to the influence of an emetic, even could it have been introduced into it. Our treatment consisted of measures to counteract prostration—at first of sinapisms to the epigastrium, dry heat, friction to the extremities, and the administration *per rectum*, of brandy and carbonate of ammonia. Later we employed hot brandy to the extremities, and hot turpentine to the spine, followed by vigorous rubbing. The enemata provoked copious alvine evacuations of dark bilious matter. Reaction was very gradual and feeble. At 2 P. M., he spoke, and then first began to swallow. Iced mucilage of slippery elm was given him in small quantities, and small lumps of ice to swallow *ad lib.* At 6 P. M. he complained of a terrible burning pain in the stomach, and begged piteously and incessantly for water, though more than a swallow would induce vomiting. He had passed a quantity of blood mixed with bilious matter from his bowels.

July 18, 7 A. M., pulse 130, and weak. He passed a restless night, though he took three 1 gr. opium pills at intervals. Had not slept more than ten minutes at a time. There was still occasional vomiting. Ice and occasional opium pills were continued.

July 19. Better; pulse 115, and fuller. Rested better and there was no return of the vomiting. Lime water and milk were ordered as nourishment. From this time forward he rapidly improved, and was out in a week. I have seen no reported case where recovery followed after so large a dose of chloroform as two ounces, *unless the stomach was evacuated of its contents*, as a part of the treatment.

In this case the evidence as to the amount swallowed is complete.

Medical Coroners.—(*Concluded.*) By HON. J. W. GORDON, M. D.

I have already glanced briefly at the history, antiquity and dignity of the office of Coroner in England. The high esteem in which it has been held in that country, even from very early times, has been pointed out; and the care which the legislature of that kingdom has taken to keep its important functions out of the hands of the ignorant and incompetent, has not failed to be held up as worthy of imitation in other countries. On the other hand, it has been seen, that in our country far less attention has been paid to it, either by the law-making power, or by the people. The law has no provision calculated in every way to secure persons of intelligence and ability to perform its high duties; nor by providing an adequate compensation for their performance, has it offered any suitable stimulus to induce such persons to seek the position. It has been left open to all classes; and, as if a bid for the meanest qualifications were intended to be offered, the compensation given for services that require for their right performance the highest capacity and culture, is only such as might be fitly bestowed on a scavenger. The office has accordingly been still further degraded and disgraced by those who have sought and obtained election to it, at the hands of the people. The cases given in the preceding pages of this essay amply prove that the poor pittance now bestowed upon the Coroner, for the still poorer services rendered by him, is worse than thrown away; for besides the time and money expended in making our inquests, the inclusiveness of the result, as already seen, leaves the public and the court no better off in any case, and often far worse, than they

would have been, had no inquest ever been held, and no return ever made by the Coroner. It is manifest that there has not been brought to the consideration of these cases, good plain uneducated common sense, much less cultivated skill and ability of any kind. To be sure, in most if not all of the instances given, medical men have been called as witnesses; but either from original mental incapacity, want of education, or opportunity to inquire into the facts concerning which they have testified, their, testimony was not creditable to themselves either as men or physicians and added very little light to the inquiry before the jury. In some cases the failure is manifestly due to their own stupidity and ignorance; in others to that of the Coroner who presided at the inquest, and denied them the scope and freedom necessary to lay bare the true causes of the death under consideration. But space will not admit of the continuation of these general observations upon the cases which I have given. Nor is this matter of regret; for the cases themselves will readily suggest a whole train of useful reflections on the subject, to those who think, and are willing to labor for the correction of a great and disgraceful failure of one of the most important functions of our government.

It has been well said that "the great object of the Coroner's court is to inquire into all cases of death attended by circumstances of an unusual or suspicious nature, and to ascertain the cause of death in each instance." To attain this object is often a very difficult task, requiring the severest scrutiny of able, patient and skilled investigators. The inquiry is the means, the ascertainment of the cause of death, the end. The purpose of society in these cases is to know how its members are taken from it. If the death, in any given case, has been the result of accident, or suicide, the determination of the fact is essential to quiet the people of the vicinity, who would otherwise feel uneasy and unsafe. But if it shall be found to have been produced by crime, then the law and the public alike demand something more—they can not rest until the criminal is ascertained and punished. An inquest that does not settle the fact that the given death *is*, or is *not*, due to crime, is a failure; and is generally a source of real evil to society. Leaving all in doubt and uncertainty, it sows distrust and apprehension in the minds of men, and tends to abolish that sense of personal security which is ever one of the prime objects of civil governments.

Now, if we consider the few facts supposed to be ascertained in the first of the series of cases given in this paper, it will be found that, notwithstanding the verdict, it is by no means made clear that the death of the poor girl was not the result of crime. On the contrary, the facts not only

indicate the presence of crime, but point to the murderer. The deceased had been, up to the time of her death, the mistress of a man who had quarreled with her, and had even gone so far as to have whipped her. He then placed her in the care of his sister for medical treatment, where she remained for a week or so, and died. The sister to whom she was sent for treatment, and her brother are the only persons that ever knew she was sick until she was insensible and dying. During the time she was at the sister's for treatment, she was about town, and as late as twelve o'clock on the night before she died was apparently well and eating apples. In two or three hours afterwards she was found comatose and dying from opium; but no physician was called before eight o'clock in the morning. Then the sister-doctor went off from home to buy her coffin and funeral outfit, and remained absent until three in the afternoon—about an hour before she died—when she returned. After her death this sister testifies that she never gave her any laudanum, or opium—only a few pills of a questionable character. Yet upon this point she was contradicted by the testimony of other witnesses, of her own statements that she had been giving her very large doses of laudanum. Both brother and sister testify to the girl's declarations of an intention to commit suicide; but on other and material points they flatly contradict each other. The jury were not satisfied, as plainly appears from their verdict, which, taken with the evidence, leaves too much reason to believe that the deceased was the victim of a murderous conspiracy between the brother and sister, who seemed to have her entirely in their power; and who now, it is to be feared, are stained with crime, and yet at large to jeopard the lives of others.

The second case in the series presents features of equal interest with those of the first, but of a totally different character. From the testimony of the physician it can hardly be doubted that the woman's life could have been saved by proper treatment, after he saw her. It is inconceivable that she necessarily died from the effects of laudanum, if it be true as the doctor testified that "after giving suitable remedies which produced reaction for a time," and "an emetic which operated freely," he "could discover no smell of laudanum from what was ejected from her stomach." One can hardly help asking: Whether the treatment may not have produced the fatal result? But the doctor's evidence is contradictory. If part of it be true, she may have died of laudanum; and if the rest be true, she may have died of the treatment. But the doctor spells system thus—"*zistum*;" and professes a system of medicine which is a "comedy and a lie"—the fruitful nurse of quacks. It is shameful that such stuff should be tolerated as a part of the real and earnest business of society.

The other cases are equally suggestive of observations tending to show that the office of Coroner in those hands in which its powers are generally placed in our country, is of no use for any purpose whatever. Statistics may ransack its insensible inquests in vain for a single fact upon which it may rely, that would not have been more easily found and proved without its aid. Accident will there be found charged to suicide, suicide to murder, and murder again to suicide, and suicide to accident. The intelligent searcher after truth, whether his object be to afford light to legislative assemblies that may lead them to the enactment of more enlightened laws for the prevention of misfortune and crime, or to aid the courts of justice in the more satisfactory application of law to individual cases of crime than are otherwise attainable, or to add to the facts of science, and prepare the way for broader generalizations of the laws of individual and social life, will not advance far among these archives of official ignorance and stupidity, until he will turn away in despair, satisfied that an important function of the body politic is lost; and should he examine into the causes of its loss, he will not be long in determining that legislative parsimony, and popular indifference combined, have conspired to effect the sacrifice.

It is time that such official cheats should end. But how can they be destroyed? In no other way than by bringing the questions to which they give rise in thinking minds, fairly before the public; and keeping them under public consideration, until the people shall be brought to appreciate their practical importance, and to accept the only remedy for such shameful, such hurtful, and such enormous evils, as necessarily arise from the inadequate and faithless service which ignorant Coroners have rendered, are rendering, and will continue to render to society, as long as they are intrusted with a function they do not, and can not, in the very nature of things, comprehend. Let intelligent professional men be awakened then to the importance of bringing about a change in the character of those to whom this function shall be intrusted. Let them set before themselves and before others the evil consequences of an inadequate performance thereof. Let earnest and competent medical men offer themselves as candidates for the office of Coroner; and, if elected, let them with that self-sacrificing nobility of soul which has always characterized the profession, discharge the duties of the position thoroughly, and it will not be long until the people will learn to distinguish the true Coroner from the false one; and the office will be restored to its original and exalted usefulness in the State. Where crime has been committed it will then be detected; and some trace of even the clandestine criminal will be discovered and pre-

served, so that justice may follow and at last overtake and punish him. The guilty self-destroyer will be discovered, and distinguished from the unfortunate victims of insanity. The accidents that befall men in secret places will be set down no longer as due guilt, and a sense of security will gradually diffuse itself throughout society, whose members will be protected as far as human intelligence and justice can protect them against the crimes of others, and from the still more dreadful apprehension of leaving behind them a fame falsely blackened by the guilt of willful self-destruction.

PROCEEDINGS OF MEDICAL SOCIETIES.

Fountain County Medical Association.

The Fountain County Medical Association met in the city of Attica, October 17, 1867. Reports of committees being called for, the following was submitted:

The Committee to whom the subject of Medical Impostures and Criminal Abortion, and their Remedy, was referred, respectfully report that they have considered the question in part, and herewith present a report on the first division of the subject committed to them.

In the opinion of your Committee, it is the duty of the Legislature of the State to enact laws which will protect the people from being plundered by the numerous medical impostors who infest every county and town in the State of Indiana.

In the opinion of this Committee, persons desirous of practicing the professions of medicine and surgery, ought to be compelled by law to give proper evidence of their qualification for a position so important, and we feel assured that no qualified person will hesitate one minute to give such evidence of his fitness, and opposition to a regulation so useful would only be made by those who are conscious of their own ignorance and their own unfitness to fill the responsible position of physicians and surgeons.

Your Committee recommends such action of the Legislature, not as any protection to the qualified physicians of the State, for they manifestly require no protection, but for the purpose of protecting the masses of our citizens, who, in consequence of their time being fully occupied in their daily avocations, are unqualified to distinguish the plausible, specious pretender and impostor from the man who has conscientiously undergone the labor of the study and preparation necessary to qualify himself to be useful to the community.

We do not undertake to present any particular plan of action in relation to the reforms which we deem necessary, but recommend that the subject be brought before the State Medical Society at their next meeting, urging the propriety of taking steps to bring the subject before the Legislature at their next session.

We also recommend that the attention of every Medical Society in the State be called to this important subject, requesting each one to take action on it, and place itself in communication with the State Medical Society upon this matter, so that all the societies in the State may lend their influence and aid in rescuing the people of Indiana from the shameless and impudent tribe of charlatans who are daily filching from their dupes the money which ought to be devoted to the sustenance and education of their families.

Your Committee think that it is the duty of the regular faculty of the State, each one in his own sphere, to bring this subject before the people, in such way and at such time as he deems fitting, explaining the subject to his neighbors and others, showing from instances which may fall within the scope of his own knowledge, the difference between the honorable and conscientious and qualified physician, and the impudent pretender, whose only object is to secure the profits of the profession, without the ability to render to those who employ him a corresponding benefit.

We urge action upon the part of the profession now, as we believe that longer silence may, and in all probability will, be interpreted either as utter carelessness and indifference upon the subject, or, worse still, as approval, acquiescence and endorsement of the evil here complained of.

Dr. John T. Rice,
" S. J. Weldon, } *Committee.*
" A. Bigelow.

The report was accepted, and leave given to t e Committee to continue their sitting, and make further report at the next meeting of the Society.

On motion it was ordered that the report as now submitted and accepted, be sent to the *Western Journal of Medicine* for publication, with an earnest recommendation that other Medical Societies in Indiana will take action on this subject.

S. J. Weldon, M. D., *President.*

S. S. Jones, M. D., *Sec'y.*

BIBLIOGRAPHY.

Transactions of the Kansas State Medical Society.

It is with pleasure that the first printed Transactions of this Society is welcomed to the place among the yearly contributions to our science which should never hereafter be vacant.

It is a creditable pamphlet of 76 pages, and fairly printed. Several

of the articles should have been carefully revised, and there are typographical errors not commendatory of the Committee on Publication in nearly all of them; but attention will avoid the latter hereafter, and due allowance should be made for novelty and circumstances of publication. Its contents manifest that our professional brethren in that State are showing a promising interest in the science of medicine, hardly to be expected in a newly organized State at the western margin of continuous civilization, where originality is not encouraged, and proficiency hardly possible; and where the allurements of land speculation and political advancement are so strong, for men of culture and ability, that it requires a genuine scientific enthusiasm to hold them faithful to the ill-requited pursuit of medical science.

The Address of the President, C. A. Logan, M. D., is somewhat discursive, considering among other topics the hygienic tendencies of modern medical science; and calling attention to the wide field of usefulness and progress that lies before us in that direction: but it is mainly devoted to the often-vexed subject of quackery. It utters some deserved but almost useless strictures on the people and especially the ministerial profession for encouraging shams and charlatans. Such genuine outbursts of indignation are natural, by the men of our profession who are laboring in the interests of science toward those who, claiming to elevate the moral and religious faculties, lend themselves to approve of every skepticism and pretence in medicine. This is unconsciously the parent of much of the so-called religious skepticism of the profession — for while physicians truly educated and worthy of the name are led through science and the contemplation of the connection between man's body and spirit up to the worship of the Infinite known by its manifestations in the finite—they can not believe that man worthy of credence as a genuine "ambassador of heaven," who encourages the false, and proves himself ignorant of science which is the expression of the direction which the creative will traveled in the course of creation. He who speaks authoritatively to the scientific men of to-day must prove his mission by his knowledge of, and power over, the laws established by the Creator.

But there is another side to the subject. So long as the profession sends out young men, endorsing them as educated in the science, and skilled in the art of medicine, when they are not so,—when they have only begun to be students, and have neither skill nor learning nor wisdom, but too often only the conceit of half-knowledge, and are to become wise through experience, so long the world will regard the title of doctor as of little worth, and will prefer to employ those whom we accuse of doing nothing, to those who may do ill.

It is by his fruits the true physician must ultimately be known. We are having now-a-days a little too much calling of quack whoever has not acquired his knowledge in the orthodox groove; and by far too much endorsement of ignorance and impudence provided it will swear by the pharisaical interpretation of the code of ethics. To know that a practitioner is a graduate is to know but little beyond the bare fact that he has given his adhesion to the orthodox views of medicine. This should not be. Medical schools must see that their graduates are learned and skillful—must graduate no student who could not be instantly trusted with the medical care of the families of its professors; Medical Societies must exclude all who are not trustworthy practitioners,—then there will be some credit to graduates and members, and the people will know where to look for proficiency. But so long as schools graduate to surgery students who have only nominally dissected a body, never performed an operation or diagnosed a difficult case, so long will the public encourage the men who have had some practical experience, and who show cures, or appearance of cures. The sustainers of infinitesimal medicine are not always the ignorant—but often the observant and business-wise; they would gladly crowd the ante-room of that physician who would prove to them that he did get undeniably better results than expectant treatment. Proof of these results, not assertion, is now the demand.

We can do this—let us then away with that false notion of ethics which forbids us to grapple with error; and fears to handle heresies lest it be defiled. Let us elevate the standard of the physician by making the requirements greater, the practical knowledge more thorough, the graduate a master of the science and art as far as known—and we shall soon hear no more complaints of the occasional want of recognition of the profession by the educated and influential. Infinitesimal doses are merely the expression of the skepticism which has grown out of the rash treatment of the last generation. Rational cautious treatment will supersede it—is now superseding it. Its advocates have ceased to practice it to-day save in name, and intelligent men of that school, as of the vegetable, study our books for the known, and practice accordingly so far as they can see. But some new theory will come next, and will ultimately also benefit us and be absorbed. Let us not hope ever to be free from opposition as long as ours is an imperfect science. Every new school is a great experiment on the people, made for us if we will note its progress. When every legalized practitioner is a thorough physician, far-seeing in prognosis, wise in judgment, capable of sweeping in comprehension the entire compass of man's pathological possibilities, and applying all that is known rationally, quackery will cease—and not till then.

The next Essay, by M. Baily, M. D., on Malpractice, is a sensible one, but very incomplete. In calling attention to the fact that the law does not demand extraordinary skill of the surgeon, the author says: "And when, in the course of several years practice perhaps, he is called upon to treat a dislocation, although he may have been thoroughly posted as to the number and kind of dislocations laid down in the books, and all the differences between dislocations and fracture of the necks of the bones, yet he is in doubt as to the real nature of the case. Not for the want of anatomical or surgical knowledge, but for the want of just what can not be obtained in an ordinary practice—*experience*." This is an error so common as to demand a moment's attention. It is only because a succession of cases, various in character, compels the practitioner who is not "thoroughly posted" to study and become so, that it gives experience in ordinary cases. The student who has once mastered the anatomy of a part, and the principles of surgical mechanics, will have no bad results, although he may never have seen a similar fracture. It is because he is only pseudo-posted that he needs the lessons which failure teaches. A large experience certainly gives advantage in that class of cases that lie beyond the region of the recorded or settled, and where anatomy gives but a doubtful light: as also in those emergencies where surgery is undecided and individual reliance is called for.

It seems also time that the profession should dissent from the decision rendered by Sir Matthew Hale, and since almost universally followed by judges in England and the United States, and approved by the author of this Essay, that "If a physician gives a person a potion without any intent of doing him any bodily harm, but with intent to cure or prevent disease, but, *contrary to the expectation of the physician*, IT KILLS HIM, this is no homicide, AND THE LIKE OF A SURGEON." There should be a *reasonable* "expectation," and the true interests of the public and the profession demand this.

The Application of Water and its Effects as a local Agent, by J. L. Prentiss, M. D., is a brief, common-sense article, calling attention to a better mode of securing cold locally, than the wetted cloths usually resorted to, by whose use a temperature constantly varying from 30° to above 60° is almost unavoidable, and a wet bed generally obtained. Irrigation is inconvenient in many cases, and often impossible. Bladders of ice are objectionable by reason of their weight, and limited range of application. He recommends "a rubber bag with the two surfaces attached at intervals so that when filled with water the thickness will not exceed one-fourth of an inch." To one end a long tube is attached to connect with

a reservoir of water; to the other a stop-cock and tube to regulate the flow of waste water. He suggests also a coil of light rubber tubing, retained in shape by threads, one end of which shall be long enough to reach a reservoir of water whose temperature may be graduated, and the other by stop-cock regulate the escape of waste water. Suitable tubing costs 15 cts. per foot. The principle is not claimed as new, Dr. Arnott of London having recommended the arrangement with bladders; and a similar invention having been patented years ago in this country.

In the report on Obstetrics which follows, Dr. Logan alludes to the views which heretofore prevailed, as to the pregnant condition being one of plethora, to dissent therefrom. This is timely and still needed. Without saying that there may not be cases where bleeding, during convulsions, is needed as a temporary remedy, it is oftener harmful, prolonging and aggravating them. The condition of the pregnant female is generally rather anemic than otherwise, made so by the nutrient demands of the child; and in proportion as the nervous system is deprived of its required blood-elements, is there a tendency to convulsions, as is seen when any animal slowly bleeds to death, and in children under enfeebling ailments.

If I were to dissent from any part of the report, it would be that portion where an apparently greater sympathetic connexion is attributed to the uterus than to the other organs. Undue importance is generally given to its nervous connexions, and often hysterical conditions exist in which the womb is only a secondary sufferer along with all other active organs, and by no means the exciter of morbid action. In certain excitable conditions of the nervous system, the arrest of the action of the skin, the stomach, the intestines, the lungs, and even the brain in emotional exaltations, without uterine derangement, causes that condition known as hysteria. That the uterus is itself as often deranged by other organs as it deranges them, must be recognized to treat it understandingly. It is the excitable condition of the nervous system at parturition, acted upon by the perturbations to which every important organ is subject at that time, that causes convulsions; and not often either uræmia or albuminuria, which are generally accidental complications. Chloroform, in the impending convulsions, allays that irritability, and hence does good in preventing as well as curing. Other sedatives have similar effects. Dr. Logan is too timid when he fails to recommend it in centric convulsions. Even disease of the cerebro-spinal centers does not forbid its use, when convulsions can be prevented or arrested by it. The diseased organ can better bear chloroform than convulsions.

In reference to placenta previa, that obstetrician who does not comprehend all the elements of the labor, the child's position, the dilatability of the os uteri, the situation of the placenta and the degree of its separation, the rapidity with which the child can be passed, etc., can never act rationally to avert the accident. To separate the placenta is generally to kill the child, and may destroy the mother, unless delivery can be effected almost instantly; to tampon the os until dilated, may mask the death of the child, yet be unavoidable; to hasten dilatation by dilators is often indispensable; to turn and deliver required sometimes where torpor of the uterus exists; separation of the placenta from one side of the os, especially when but slightly overlapping it and the child is pressing on forcibly, may be all that is necessary; but every combination of elements, in which placenta previa enters as one, must be understood and appropriately treated. So far as he has expressed himself the author has done so well and clearly. His protest against inert looking-on for fear that "meddlesome midwifery" might do harm, is just. Thorough mastery of the elements of labor, with the knowledge of uterine action that long observation gives, will enable the obstetrician to save time and suffering for his patient—and himself. Ignorance only is meddlesome—knowledge, when it offers, helpful.

The Report on Climatology by Tiffin Sinks, M. D., is appropriate, suggestive and brief, and he should by all means follow up the subject. There is in that direction good to his fellow men as well as fame to be obtained. The necessary instruments should be gotten by the Leavenworth Society, (as has been done here) and the subject studied as a specialty even beyond the beaten paths. The influence of temperature, moisture, etc., are scarcely beginning to be understood. When the writer was on duty at the General Field Hospital of the Army of the Ohio, near Corinth, Miss., in June and July, very hot dry months, of 1862, where were collected nearly 1500 patients, almost all of whom were sick with scorbutic fever and diarrhæa, the mortality increased gradually, with the continuance of hot dry weather, from an occasional death up to eight a day; and upon the falling of a cool shower of rain ceased for a day or two; increased gradually to eight a day; and another shower occurring, a day or two elapsed without a death. A suggestive fact, but not yet satisfactorily explained. Meteorology must go hand-in-hand with pathology until these dark places are radiant.

Diphtheria, by J. W. Brock, M. D., is a brief, but intelligent resumé of the subject. In speaking of the fact that diphtheritic exudation is not

found upon the portions of the mucous membrane removed from the air, the author says "the atmosphere would seem to promote diphtheritic inflammation." He seems to mistake the product for the inflammation; and seems to change his opinion in the course of the essay, as to the identity of scarlatina and diphtheria. The recommendations for treatment, avoiding irritants and depressants and sustaining the strength from the earliest stage with nutrients, tonics, and stimulants, is rational. As much harm may be done by injudicious, as good by judicious, applications to the throat. The exudation is separated and thrown off where the local action is reparative, and does but little harm. Local applications are of less benefit than they appear to be.

Some interesting remarks upon "Infantile or Oblique Fracture of the Vertebra" by W. E. Turner, M. D., giving the the connexion between it and caries, the symptoms, results, and proper treatment, close these creditable Transactions. We have already extended our remarks so far that we can only express our regret that the writer has not been able to give any reliable symptom by which this injury may be certainly known.

The Society has laid out a fine field for its next year's labors, and if its members will only remember that a little task thoroughly done is better than a large one slighted, the Transactions next year will be of greater interest than the present. L. D. W.

Circular No. 7, *War Department, Surgeon General's Office. A Report on Amputation at the Hip-joint in Military Surgery.* Washington, Government Printing Office, 1867. Imp. 4to, pp. 87.

This Report prepared by GEORGE A. OTIS, *Ass't Surgeon* and *Brev't Lt. Col.* U. S. A., under the direction of the Surgeon General, is a summary of the experience of the war of the rebellion in relation to Amputation at the Hip-joint.

In the beginning Surg. Otis points out the special sources of fallacy encountered in the collection of surgical statistics, and states that in order for such statistics to result in the establishment of rules for the performance of operations, the compiler must "first carefully inquire into the reliability of individual cases and then into the soundness of the method of arranging them, and reasoning on them."

In the collection of the statistics of amputation at the hip-joint during the late war, an endeavor was made to conform to this rule, hence results a report of great value, and one that reflects much credit upon its author.

This introductory is followed by an Historical Summary, covering the period from the time the operation was first proposed until the present.

This portion of the report will prove exceedingly valuable for reference, as attention is directed in all cases to the original authorities consulted.

Of amputations performed at the hip-joint during the late war, 53 authenticated are reported, with details; 34 of these were performed in the armies of the United States, and 19 in the rebel armies. Other cases have been reported but they have proved to be either falsely reported, or too uncertain to be used for statistical purposes.

Of the 53 cases, 19 were primary, all being performed within twenty hours of the infliction of the injury; 8 were performed by surgeons of the United States armies, 1 by a surgeon of the United States Navy, and 10 by rebel surgeons; 11 died of the direct shock of the operation in from one-half an hour, to ten hours; 3 died in two days; 2 in from eight to ten days; 1 has survived four years, and is now in good health; 2 were in good condition at the end of two, and 1 at the end of six months after the operation; excluding these three cases the mortality was 94.73 per cent., including them, 84.21.

Eighteen intermediate operations were all performed upon patients ill fitted for such procedure. The interval from the reception of the injury to the date of the operation varied from twenty-four hours to one month, its mean length being a little over ten days. All died; 5 of shock, the patients surviving on an average fifty-two hours; 1 lived eight days; 1 died of pyæmia; 2 of gangrene; 2 of hemorrhage; and 8 of exhaustion; 10 were performed by U. S. A. officers, and 8 by rebel surgeons; 4 upon their own men, and 4 upon prisoners. Of 9 secondary operations, 2 recovered and 7 died, being a mortality of 77.78; 3 died of shock; 1 of secondary hemorrhage and lithiasis, seventeen weeks after operation, with stump nearly healed; one of secondary hemorrhage and phlebitis, in twenty-three days; 1 of hemorrhage consequent upon the giving way of the femoral artery at the point of ligation, on the tenth day; 1 on the third day, of surgical fever and erysipelatous inflammation of the stump. Excluding the case in which the patient died of profuse secondary hemorrhage, the patients survived longest in whom the operation was longest deferred. In the 7 fatal cases, the patients survived on an average twenty-two days. The shortest period between the injury and the operation, was forty-three days; the longest, two years nine months, and twenty-one days. The average interval in the 9 cases was four hundred and twenty-nine days. All were performed by U. S. A. surgeons.

Under the head of reamputations, are collected 7 cases, in which amputation had been previously performed in the continuity of the limb;

4 recovered, and 3 died, being a mortality of 42.85; 1 died of pyæmia in eight days, and 2 of shock in a few hours, being exhausted by previous protracted suffering. In six of the cases the primary amputation was done because of gunshot injuries; 1 because of a bayonet stab of the knee. In 6 of the cases the previous operation was done at the lower third of the thigh, on account of injuries of the knee-joint. In 1 at the upper third for comminuted fracture of the shaft of the femur. In 5 resections of the necrosed extremity of the femur, or extraction of sequestra were practiced between the operations. The shortest period between the primary injury and the disarticulation, was nine weeks; the longest, three years and seven months; the average was nineteen months. In the 4 successful cases the average interval was fifteen months; in the fatal cases two years. In the fatal cases the prior amputation was primary in 2 cases; secondary, and at the upper third in the remaining case. The successful cases followed primary amputation in the continuity, in 1 case, intermediate in 2, and secondary in 1.

The 53 cases reported in detail are also presented in tabular form, together with 52 previously recorded hip-joint amputations in military surgery, of which sufficient details have been published to enable them to be tabulated; 56 other cases are referred to in the historical summary, of which sufficient details have not been obtained to place them in the tables. Of the 161 cases, 142 died, and 16 recovered; 3 being doubtful. If the latter are excluded we have a mortality of 89.87 per cent.

After the tables there is presented the opinions of surgeons, who had the largest opportunities of observing grave gunshot injuries of the higher portions of the thigh treated by the three methods—Amputation at the hip-joint, excision of the head of the femur, and attempts at conservation of the limb—concerning these methods, and cases are reported in which good recoveries were made after serious gunshot injuries to the upper portions of the femur, without operative interference. The whole subject is critically examined under the head of concluding observations. This portion of the report is a model of close reasoning from a profound study of the entire subject. In this portion of the report is noticed the different methods of operating, together with the subjects of anæsthetics and hemorrhage.

The practical maxims deduced are of great importance, and may be briefly stated to be, 1st. That the primary operation is not uniformly fatal as has latterly been taught, but under certain clearly defined conditions should be undertaken. 2nd. That the prevailing opinion that this

operation should of choice, be performed at an intermediate period, is erroneous. 3rd. That secondary amputations at the hip for necrosis of the whole of the femur, or for chronic osteomyelitis following gunshot injury, may be performed with as successful results as hip-joint amputation for other pathological causes, and finally, that when, after amputation in the continuity of the thigh, the stump has become diseased, re-amputation at the hip may be done with comparative safety.

The body of the report contains numerous illustrations, while at the end are placed nine chromo-lithographs representing successful cases of amputation at the hip-joint, which add much to the beauty and value of a work that will be highly prized by all who may be so fortunate as to obtain a copy. J. R. W.

Catalogue of the United States Army Medical Museum—Surgical, Medical and Microscopical. Prepared under the direction of the Surgeon General U. S. Army, by Brev't Major ALFRED A. WOODHULL, Ass't. Surgeon U. S. A., Brev't Lt. Col. J. J. WOODWARD, Ass't Surgeon, U. S. A., and Brev't Major EDWARD CURTIS, Ass't Surgeon, U. S. A. Washington. Government Printing Office, 1867. Imp. 4to, pp. 961.

This work, voluminous as it is, is only an enumeration of the specimens contained in the Army Medical Museum formed during the late war, at Washington. The work clearly indicates the immense value of this collection gathered together and contributed by the medical corps of the United States Army. To it, the medical profession can point with pride, as it demonstrates how thoroughly fitted were the men composing the medical corps for the high and responsible duties that devolved upon them during the great war of the rebellion.

When the illustrations contained in this magnificent collection are thoroughly studied and the principles they establish are elucidated, our profession may clearly read the lessons taught by the late war, so far as they relate to medicine and surgery.

In the Catalogue 664 pages are devoted to a description of the 4719 specimens contained in the surgical section of the museum, 136 to the 877 specimens in the medical section, and 161 to the 2120 in the microscopical section. The many illustrations contained in the work are in the highest style of art. Indeed, whether considered in relation to the matter contained or to its general appearance, it is no exaggeration to say that the work is a magnificent one. Nothing less, however, could have been expected by those who have ever had the pleasure of official or professional intercourse with the medical officers to whom was assigned the preparation of this catalogue. J. R. W.

Clinical Lectures on the Principles and Practice of Medicine. By JOHN HUGHES BENNETT, M. D., F. R. S. E., Prof. of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh, etc. etc. Fifth Edition, with five hundred and thirty-seven illustrations on wood. New York, Wm. Wood & Co., 1867.

Few books on practical medicine have been more potent for good than the one whose title heads this notice. The fifth edition, like its predecessors, has the first part of the volume taken up with lectures, clear, concise and eminently practical, on the Principles of Medicine, including the method of examining patients with all the instruments and appliances used therein; the means of diagnosis; the recent advancement in the Theory and Practice of Medicine, and *why* and *how* these advances were made; General Pathology and Therapeutics, etc. The second part of the volume illustrates its author's views of Special Pathology and Therapeutics, by the detail of some two hundred and fifty cases as paradigms in various diseases, classified according to the system involved, and accompanied by remarks and elucidations.

Prof. Bennett is a clear thinker and an original investigator, holding on to the old ideas that have sufficient basis to support them, but not hesitating to promulge new theories in medicine and new practices, when his judgment has been convicted of their advanced value. We have teachers with calm, broad, penetrating minds, who industriously sift out the assumed from the demonstrated tenets in medicine, and with conscientious fidelity give the result of their labors to the world. In the front rank of this class stands J. Hughes Bennett. He has had ample opportunity and excellent facility to investigate disease clinically as well as theoretically, and his Lectures on the Principles and Practice of Medicine is a noble monument to the superior use he has made of his abundant privileges.

Our opinion is that every practitioner of medicine not already in possession of Prof. Bennett's views should at once procure a copy of the fifth edition of his Clinical Lectures. J. F. H.

The Medical Use of Electricity. By DRS. BEARD and ROCKWELL. Wm. Moore & Co., New York.

This volume consists of a series of papers contributed to the *New York Medical Record.*

The authors advocate *general* instead of local *electrization;* and their success in the treatment of cases of various diseases by this means, certainly warrants the hope that we are upon the threshold of very important therapeutic applications of this agent, so vaunted by some, so neglected

by others, and of which in the treatment of disease hitherto, really very little has been known.

We observe that the authors give a very decided preference for Dr. Kidder's apparatus. The book, which we hope soon to see very much enlarged, is well worthy the attention of the profession.

Synopsis of the Course of Lectures on Materia Medica and Pharmacy, Delivered in the University of Pennsylvania. By JOSEPH CARSON, M. D. Published by Henry C. Lea, Philadelphia. For sale by Wilkinson & Co., Indianapolis.

A requisite volume for the students of the University, but of no general professional interest.

Biennial Retrospect of Medicine. Sydenham Society, 1867. Lindsay & Blakiston, Philadelphia. For sale by Wilkinson & Co., Indianapolis; Robert Clarke & Co., Cincinnati.

The editors of this Retrospect are Messrs. Powers, Holmes and Windsor, and Drs. Anstie, Barnes and Fagge—names which will at once suggest to the reading physician the great value of their labors, even if this were not sufficiently shown by the volume bearing the endorsement of the Sydenham Society. To all who are not members of the Society, we confidently recommend the purchase of this work. Type, paper, presswork and binding, are quite worthy the well known character of the publishers.

From the same enterprising house we have received the *Physician's Visiting List* for 1868. For many years we have used no other day-book, indeed no other account book of any kind, and we can say nothing better in praise of it. Our friends can procure it from Wilkinson & Co., Indianapolis, or from Robert Clarke & Co., Cincinnati.

The Physician's Hand-Book, 1868. Townsend & Adams, New York.

This is similar in purpose and uses to the *Physician's Visiting List*, only it has a much wider scope, containing a miniature practice of medicine, materia medica, etc. We think its general plan is admirable, and for the ensuing year we propose to try the *Hand-Book*.

Professor Stille's work on *Cerebro-Spinal Meningitis*, and the second edition of Professor Byford's *Medical and Surgical Treatment of Women*, and some other recent publications have been received, but we must delay our notices of them until our January issue: one of these publications, *Hufeland on the Art of Prolonging Life*, (published by Lindsay & Blakiston, Philadelphia, for sale by Wilkinson & Co., Indianapolis, and by

Robert Clarke & Co., Cincinnati,) is so well spoken of by Dr. Clarke in his excellent paper on *Longevity*, that we shall not include it among books for future notice: it is a work that a physician may procure for himself, and have his intelligent patients procure it—its thorough reading will be beneficial to both parties.

MISCELLANY.

Longevity of Man. By D. Clark, M. D., Richmond, Indiana.

A valuable little work on the "Art of Prolonging Life," written in the latter part of the last century, by Christopher William Hufeland—a Professor of Medicine in the University of Jena—and recently edited in England by Erasmus Wilson, F. R. S., has just been republished in this country by Lindsay & Blakiston. Every thoughtful physician who takes the trouble to peruse it, will find himself richly repaid. The author was evidently a medical philosopher of close observation and extended reading. The book is divided into three parts.

Part First, consisting of nine chapters, contains, amongst other valuable matter, an inquiry into the nature of the vital power, its properties and laws—facts and observations on the duration of the life of plants, of the inferior animals, of man in all ages of the world—and the different means empirical as well as rational, which have been resorted to amongst the various nations of men to increase the number of their years. The author maintains that the duration of the life of man is the same at all periods of history—and accepts the chronology which regards the years of the antediluvians as consisting of only three months—and according to which the age of Methusalah would be only two hundred and forty-two years. He believes "that the organization and vital power of man are able to support a duration and activity of two hundred years"—and fortifies this conclusion by the general rule, "that an animal lives eight times as long as it grows," and the assertion that "man in a natural state requires full twenty-five years to attain his complete growth and conformation." The writer remembers to have heard Prof. Samuel Jackson, in his lectures, state the rule for the term of life as *five* instead of *eight* times the age of full maturity, from which, if we regard the human organism complete at

twenty years, we may infer that man should live a century, which age has in fact been attained in numerous instances.

If we turn now from the question, How long *may* man live? to the equally important one, How long *does* he live? we shall be painfully impressed with the evidence of our mortality, and that too, even if, instead of the two hundred years of Hufeland, or the one hundred years of Jackson, we take what is usually regarded as the Bible standard for the length of life—the "three score years and ten" of the Psalmist.

The editor of the work before us states that according to the Registrar-General's reports, "in 1845 nearly one-half of all the children born in Birmingham died under *five* years; the entire half in Manchester died in the same period, and more than one-half in Liverpool."

The author himself however, gives the following table of "the relative duration of human life at present, which is doubtless general and not local in its application," viz:—"Of a hundred men who are born

50 die before the 10th year,
20 " between 10 and 20
10 " " 20 " 30
6 " " 30 " 40
5 " " 40 " 50
3 " " 50 " 60

Therefore only 6 live to be above the age of 60."

In another place he states what we presume no physician of observation will be disposed to deny, that "nine-tenths of mankind die always prematurely, and by the effects of disease."

Four methods are laid down by which human life may be prolonged.

"1st. By increasing the vital power itself.

2d. By hardening the organs.

3d. By retarding vital consumption.

4th By facilitating and assisting restoration."

His "portrait of a man destined to long life," is curious, and we are tempted to give it in full.

"He has a proper and well-proportioned stature, without, however, being too tall. He is rather of a middle size, and somewhat thick-set. His complexion is not too florid; at any rate, too much ruddiness in youth is seldom a sign of longevity. His hair approaches rather to the fair than the black; his skin is strong, but not rough. His head is not too big; he has large veins at the extremities, and his shoulders are rather round than flat. His neck is not too long; his abdomen does not project; and his

hands are large, but not too deeply cleft. His foot is rather thick than long, and his legs are firm and round. He has also a broad, arched chest; a strong voice, and the faculty of retaining his breath for a long time without difficulty. In general, there is a complete harmony in all his parts. His senses are good, but not too delicate; his pulse is slow and regular. His stomach is excellent, his appetite good, and his digestion easy. The joys of the table are to him of importance; they tune his mind to serenity, and his soul partakes in the pleasure which they communicate. He does not eat merely for the sake of eating, but each meal is an hour of daily festivity; a kind of delight, attended with this advantage in regard to others, that it does not make him poorer but richer. He eats slowly, and has not too much thirst. Too great thirst is always a sign of rapid self-consumption. In general he is serene, loquacious, active, susceptible of joy, love and hope; but insensible to the impressions of hatred, anger and avarice. His passions never become too violent or destructive. If he ever gives way to anger, he experiences rather a useful glow of warmth, an artificial and gentle fever, without an overflowing of the bile. He is fond, also of employment, particularly calm meditation and agreeable speculations; is an optimist, a friend to nature and domestic felicity; has no thirst after honors or riches, and banishes all thoughts of to-morrow."

In the Second Part we are presented with various means by which human life is shortened, and in Part Third a detail of the best methods of prolonging the same. The whole makes a valuable and readable book, which we commend to the attention of the profession and the public.

The subject of longevity is a very important one, and not less so to the physician than to the statesman and philanthropist. If "the man who makes two blades of grass to grow where only one grew before, is a public benefactor," still more is he to be regarded as such, who is in any way instrumental in lengthening out even for a few months or years, the brief span of mortal existence. The conscientious physician may well consider the importance of dealing tenderly with the delicate organization of that material frame which is "so fearfully and wonderfully made"—of playing lightly and skillfully upon this "harp of a thousand strings,"—and of being careful lest in his contest with disease, his weapons may injure the vital power itself—and so his patient receive present relief at the expense of a debilitated constitution, and a shortened life. Not that the physician should be so fearful of doing harm, as to fail to do any good—not that he should follow the indications before him with a faltering or hesitating step—but that while studying the "genius of epidemics," he study also the effects of medicines, not forgetting that many articles of the materia

medica are potent for evil as well as good—nor the aphorism of Boerhave, (if I remember rightly,) that every remedy becomes such "*tempestivo usu*," by its *timely* use.

But medical men can exert a still greater influence in favor of longevity, by spreading the knowledge and promoting the observance of hygienic laws amongst their patrons—by bringing to bear their skill and experience for *preventing* disease as well as *curing* it—by *educating* the community up to a proper sense of the criminality and perniciousness of voluntary abortions—and by striving to promote healthy marriages, so as to reduce to a minimum the transmission of hereditary taints.

Apropos to this subject, I will state that a series of articles on the "*Longevity of Friends*," has been published during the present year, in a denominational periodical at Richmond, Ind., by Wm. B. Morgan, A. M. Professor of Mathematics in Earlham College

It should be stated at the outset that each "Monthly Meeting" of the Society of Friends keeps a regular record of the births and deaths occurring within its limits. I presume that the results obtained by the investigations of Prof. Morgan will not be devoid of interest to the readers of the JOURNAL. I tabulate them as follows, viz.:

Average length of life for the world,					32 years.
"	"	"	"	Massachusetts,	$26\frac{1}{2}$ "
"	"	"	"	Kentucky, (*Whites*,)	$20\frac{2}{5}$ "
"	"	"	"	" (*Blacks*,)	18 "
"	"	"	"	Charleston, S. C.,	$30\frac{1}{3}$ "
"	"	"	"	Boston,	$23\frac{1}{4}$ "
"	"	"	"	New York City,	$21\frac{1}{6}$ "
"	"	"	"	Philadelphia,	$23\frac{1}{2}$ "

Of 391 persons whose deaths are recorded within the limits of three Monthly Meetings in Grant Co., Ind., the average age was - $18\frac{1}{3}$ years.

Of	367	persons	in	Whitewater M. M., Wayne Co.,	$26\frac{5}{6}$ "
"	81	"	"	Chester " " " "	$29\frac{1}{4}$ "
"	144	"	"	Springfield, O.,	$21\frac{2}{3}$ "
"	240	"	"	Mill Creek M. M., Hendricks Co., Ind.,	$26\frac{5}{12}$ "
"	160	"	"	Cherry Grove M. M., Wayne,	$24\frac{2}{3}$ "
"	1196	"	"	Philadelphia, Pa.,	$38\frac{5}{12}$ "

Of 427 persons who died within the limits of *one monthly meeting* in Philadelphia, (there being four in all,) average age

From	1830	to	1840,	$33\frac{1}{12}$ years.
"	1840	"	1850,	$41\frac{3}{4}$ "
"	1850	"	1867,	$56\frac{1}{3}$ "
For the whole period,				$46\frac{2}{3}$ "

In reference to the great difference between Philadelphia and the West, Professor Morgan remarks: "Is a residence in the city more favorable to long life than one in the country? Other things being equal can the hardships of pioneer life make all the difference between Philadelphia and the West? Or is it probable that the region of Philadelphia is more healthful than the West? How much of the difference is to be attributed to peculiarities in social and domestic life? How much to difference in religious character and habits?"

It will also be interesting to notice that the average for Friends in Philadelphia is nearly double that for the general population in the same city.

"The average of 944 Friends who died in Great Britain in 1855, '56 and '57, is more than 52 years."

Of 619 persons who died within the limits of Birmingham Meeting, England, the average age

	MEN.	WOMEN.	BOTH SEXES.
From 1782 to 1807 -	31 -	31 1/2 -	31 1/2
" 1807 " 1832 - -	39 7/12 -	44 - -	42
" 1832 " 1857 -	41 1/2 -	46 10/12 -	44 9/12

The tendency of all the statistical tables within the knowledge of the writer, is to show that the average of human life is gradually increasing. But none should be satisfied till the deaths from disease are reduced to a minimum, and those from old age increased to a maximum. He who attains to his 70 years, finds life sufficiently short when measured by its duties and responsibilities. Life is a positive good, and its abbreviation—independently of the beneficent arrangements of Providence—a positive evil. Let every physician then strive by example and precept to promote the adoption of such regulations, spiritual, moral, mental and physical, as may tend to lengthen out this mortal span, and so advance the glory of God and the welfare and happiness of mankind.

Velpeau's Last Legacy.

"Il faut toujours travailler, mes amis:"

This was the last sentence ever uttered by the great Velpeau. How sublime the thought of a man who has passed his three score years and ten, having achieved all that men call success in life,—wealth, fame and highest honors,—lifting his frosted head from his dying pillow, to give a

farewell clinique to the friends who stood in sorrow around his bed. For thirty years he has lectured to thousands who have marveled at his practical knowledge and wondrous skill among his patients in the hospitals of Paris. And now, when the fires of life have burned their lowest, like the brilliant spark that shoots from the dying ember, he casts off this meteoric sentence, in which lies the secret of his life's success: "It is necessary to work always, my friends." And wrapt in a mantle of good and honored memories of all mankind, Velpeau died.

Velpeau was the son of a village blacksmith, and began his studies at an age when most young men have "finished theirs;" and without the aid of fortune or brilliant genius, but with love for, and honest zeal in, his profession, he labored diligently for the calling he had chosen. Nothing could distract him from the line marked out. No "outside" speculations; no political favors to be courted for professional advancement; hospital positions were won through the honorable contest of the *Concours*. The honors of authorship were attained by long and carefully studied cases, involving minute comparison and record; authors, old and new, must be read; foreign languages were mastered; ingenious experiments made; results weighed and preserved. All this was done, and yet general practice not neglected, and the whole round of duties of a strictly professional nature was filled.

Could Velpeau have left a richer legacy to his *confreres* than his life's example and his dying words? Let the physicians of the West treasure up the secret and act upon it. Success is sure to follow.

Is there a reason why we should ever be pointed at as professional parasites upon the knowledge tree of European Science? No, we need not be drones in the professional hive, but may gather honey for ourselves, if we will work.

There are too many hours wasted waiting for practice in "dull times;" hours in which important cases might be preserved in writing; new phenomena of disease recorded; a new language mastered; new theories tested, and experiments made; all this might be accomplished by every one by *always working*.

He who spends much time in reading the newspapers, or sitting on the whittled edge of the lounging box of the grocery store, listening to the scheming politician—having himself, perhaps, an eye to office—indulging in theological debates, or county quarrels, can not benefit his profession, or do justice to his patients. Such an one will still treat typhoid fever with large doses of calomel; daub varicose ulcers with salves; burn fistula in ano with caustic; swear ergot will not contract the uterus; call

every cough "consumption," and every female complaint "falling of the womb."

On the other hand, should every Doctor in our land "work always" in his profession, how soon would we be lifted up in our scientific standard; how many useful things would be discovered, and many useless things be done away.

The causes of disease would be better known; statistics as to treatment and results would pour upon us a flood of much needed light. All this would be, if Doctors would *work* in their calling. Let them bear in mind the advice given in an old English poem:

"Wise men always
affirm and say
that it is best for a man
diligently
for to apply
to the business he can,
and in no wise
to enterprise
Another facultie.
A simple hatter
Should not go smatter
in philosophie;
nor aught a peddler
become a meddler
in theologie."

There is no doubt that many physicians are desirous enough of winning practice, fame and wealth, or of doing good, who are kept back by undue timidity, excusing themselves upon the lack of early qualifications. But let them at once put in force the advice of Velpeau, and they will be qualified for any thing; if a physician does not write down his causes of imperfect chirography, bad spelling, or grammatical errors, let him because work at it until he overcomes the difficulty. If he is prejudiced against "book doctoring," let him study "doctor books" and journals more carefully, and point out their errors, and prove wherein his practice is more successful and more rational.

If Velpeau was renowned, or Mott celebrated, it was because they *worked always*. Liebig is eminent as a chemist, Beale world-known for microscopy, Dalton and Flint have become famous as physiologists and experimenters, simply because they are all working men in their profession.

And the field is open to every man; the reward is held forth to each one. With an eye single to professional advancement, remember that "It is necessary to work always, my friends." F.

Memorandum on the Nature and the Mode of Propagation of Phthisis.

By William Budd, M. D., Consulting Physician to the Bristol Royal Infirmary.

"He that would follow philosophy must be a freeman in mind."—Ptolemy.

[NOTE FROM DR. PAGET TO THE EDITOR OF THE LANCET.]

Sir,—The paper I send enclosed was received by me last December, in a sealed packet, from Dr. William Budd, of Clifton, with a request that I would take charge of it until he should direct me to break the seal. At his desire, I opened the packet a few days ago, and I now send you the contents, requesting the favor of their early publication in *The Lancet*. They are an epitome of what Dr. W. Budd has been for some time intending to publish in a more complete form; but his intention has been frustrated, and is still delayed, by the engrossments of professional practice and other circums ances beyond his control.

You will at once perceive the originality of his views, and their very high importance if established. If the evidence now given of their truth be incomplete, it is at least abundantly sufficient to raise them out of the region of mere hypothesis, and ensure their careful consideration by pathologists.

In a letter to me Dr. W. Budd says he can show strong reasons for believing that his views on tubercle, with certain qualifications, apply to cancer also. I am, etc. G. E. Paget.

Cambridge, Sept. 50th, 1867.

The following are the principal conclusions to which I have been led regarding Phthisis or Tubercle:—

1st. That tubercle is a true zymotic disease, of specific nature, in the same sense as typhoid fever, scarlet fever, typhus, syphilis, etc. etc., are.

2nd. That, like these diseases, tubercle never originates spontaneously, but is perpetuated solely by the law of continuous succession.

3rd. That the tuberculous matter itself is (or includes) the specific morbific matter of the disease, and constitutes the material by which phthisis is propagated from one person to another, and disseminated through society.

4th. That the deposits of this matter are, therefore, of the nature of an eruption, and bear the same relation to the disease, phthisis, as the "yellow matter" of typhoid fever, for instance, bears to typhoid fever.

5th. That by the destruction of this matter on its issue from the body, by means of proper chemicals or otherwise—seconded by good sanitary conditions,— there is reason to hope that we may, eventually, and possibly at no very distant time, rid ourselves entirely of this fatal scourge.

The evidence on which these conclusions are founded is drawn from the following principal sources:—

(*a*) Considerations based on the pathology of phthisis, as showing it to consist in the evolution and multiplication within the organism of a specific morbid matter, with a universal tendency to elimination and casting forth of the same, after the type of zymotic diseases generally.

(*b*) Actual instances in which there was evidence to show that phthisis was communicated from one person to another.

(*c*) The geographical distribution of phthisis in past and present times, and, especially, its great fatality now in countries which when first discovered by Europeans were known to be entirely free from it.

(*d*) Its much greater prevalence in low levels and among crowded communities, and its entire absence, unless by casual importation, at very high levels,—conditions which are well known to rule, in the same directions, the spread of zymotic diseases generally, and especially of that group in which, as in phthisis, the morbific matter is cast off in a liquid form.

(*e*) Its very high rate of prevalence in convents, harems, barracks, penitentiaries, etc.—that is to say, under the very social conditions which are known most to favor the propagation of diseases of the zymotic group.

Among the data relating to geographical distribution the following striking facts may be here mentioned:—

1st. When the South Sea Islands were first discovered phthisis did not exist there. Since the aborigines have come into intimate contact with Europeans, the disease has not only made its appearance among them, but has become so wide-spread as to threaten their extermination.

The contrast between original entire immunity and present extreme fatality is very striking, and can only be rationally explained by the importation of a new and specific morbific germ.

Try every other supposition, and the facts are inexplicable; make this one supposition, and they are at once explained.

2nd. The late Dr. Rush, of Philadelphia, who made very accurate inquiries to determine the point, satisfied himself that when America was first discovered, phthisis was unknown among the native American Indians. Now it is very fatal to them.

The very significant contrast here exhibited between the past and present history of these two races, in respect of phthisis, is exhibited at once, and at the present time, among the negro race in Africa, in different parts of the area of that great continent.

It is well known that negroes are peculiarly liable to phthisis.

Now, every where along the African seaboard where the blacks have come into constant and intimate relations with the whites, phthisis causes a large mortality among them. In the interior, where intercourse with the whites has been limited to casual contact with a few great travelers or other adventurous visitors, there is reason to believe that phthisis does not exist. Dr. Livingstone and other African travelers have given me the most positive assurances on this point.

The idea that phthisis is a self-propagated zymotic disease, and that all the leading phenomena of its distribution may be explained by supposing that it is disseminated through society by specific germs contained in the tuberculous matter cast off by persons already suffering from the disease, first came into my mind, unbidden, so to speak, while I was walking on the Observatory hill at Clifton, in the second week of August, 1856. The close analogy in many quite fundamental points between this disease and typhoid fever had often impressed itself on me with very great force while I was engaged in the study of the latter, and in the preparation of

the papers I have published on it. I now saw with a clearness which had never occurred to me before, that, with the exception of the qualifications necessary for their application to a chronic disease—for the most part of slow evolution and indefinite duration.—the leading conclusions to which I had been led respecting the propagation of the fever, might be applied with the same strictness to phthisis also.

This idea had no sooner taken possession of my mind than considerations of great force and in overwhelming number crowded upon me in illustration of it.

In the course of the same evening I drew up some notes on the subject, and before the end of the month my views upon it had taken, in outline, the exact shape which they now have. The long interval which has occurred between the summer of 1856 and the present date has been occupied in collecting data bearing on the various questions raised by this new theory—in accumulating evidence of various kinds, and in examining and carefully weighing difficulties. During the whole of this long time the subject has scarcely ever been absent from my mind. The result has been only to confirm me more and more in the truth of my first conclusions. I earnestly hope that they will not be lightly rejected. At any rate, I can say that they have not been brought forward in haste or without due deliberation. I have, in fact, considerably exceeded the ten years, which, with a fine sense of what is due to such an enterprise, the Roman poet prescribed as the time to be given to every composition intended by the writer to endure.

Many causes have helped to prevent me from giving my views on this subject sooner to the world. Chief among them I may name want of time to put them into that scientific form, and clear logical order, under which alone an innovation so daring has any chance of being entertained, much more of being accepted, by the profession. This task, however, I hope to complete in the course of a few months. Meanwhile I have thought it well to place this memorandum, by way of record, in the hands of a friend, to be made public at any moment should occasion seem to require it.

Manor House, Clifton, Dec. 1st, 1866.

The Physiological Action of Alcohol.—Dr. Anstie, of London, in a communication upon this subject, to the *Lancet, Nov.* 9, says:

But I wish, without loss of time, to mention an important fact. Dr. Parkes has kindly directed my attention to a paper published last year, in Germany, which I had, curiously enough, quite overlooked. It is a series of researches by Dr. Schulinus, on the question of the supposed elimination of alcohol in an unchanged form. The experiments (which may be found in the *Archiv f. Heilkunde*, 1866,) are very careful and elaborate, and they conduct their author to the following conclusions:—1. That the effects of alcohol upon men and animals is a uniform one. 2. That the largest portion of any ingested dose of alcohol is always in the blood, and not in the nervous centers or liver. 3. That the greatest portion of any dose of alcohol which may be taken is always *decomposed* in the organism. 4. That the proportion of alcohol which escapes unchanged in the breath, the sweat, and the urine, is trifling relatively to the amount which is utilised in the body.

Any one who takes the trouble to read Dr. Schulinus' paper will see at once that my own experiments must have been entirely independent of those of the German physician. This greatly strengthens the position which I have always assumed on this question. I have never, for a moment, admitted the validity of the conclusions which MM. Lallemand, Duroy, and Perrin have drawn from their experiments, which, though apparently elaborate, really lacked the most important requisites for a fair examination of the question whether alcohol is a food or not.

It may now be fairly stated, I think, that the independent evidence of M. Baudot, of Dr. Schulinus, and of myself (assisted as I was by the great experience and chemical knowledge of Dr. Dupré,) has finally dismissed the total-elimination theory.

Doctors and Patients.—The last paper related chiefly to the difficulties and disagreements arising in the relations of medical men with their patients, from the varying characters and failings of the latter. This time attention will be drawn to a very prevalent misconception on the part of doctors, which is the foundation of many of those personal squabbles for which, in past times at least, the profession has been so unhappily famous. The fundamental error alluded to is this:—Because patients are a source of income, and in that sense, of property, it is too often concluded that a property in patients can and does exist. Hence, when Dr. A., who has (for services rendered) received sundry golden equivalents from Lord Blank, or Lady Dash is superseded by Dr. B., he is apt to regard the latter as having picked his pocket! Of course we assume that in this simple statement there is nothing suppressed, no previous unprofessional conduct on the part of the last called in—but simply a change of doctors from the patient's own choice, or that of his friends. There can be no question here of the wisdom or folly of such a step—that is clearly for the patients themselves to decide, and they have to take the consequences. All that we contend for is, that no medical man can logically, legally or equitably establish a property in a patient who pays him fees. We are quite sure of this that the public themselves never will consent to be regarded in this light. And this none the less that from a variety of motives, as habit, fashion, or personal esteem for a surgeon, a great number, perhaps the majority of his patients may be transferred from himself to his successor, for should the new-comer be personally disagreeable or damaged in reputation, the clients may soon show that they are not to be bought and sold like a flock of sheep. So far the public are right, and our friends in the church, or at the Bar will no doubt have a good laugh at the doctor, albeit they perhaps are not quite free from the same feelings, when a client or a parishioner declines their accustomed services. Is the doctor altogether wrong then? and is it possible that an idea, founded on an absurd hypothesis, can seriously sway the members of a liberal and (to use the word in a broad sense,) a learned profession.

Does not the last word supply the key to the mystery? It is precisely in the fact, that although a *trade*, in the sense of being plied for hire, physic can never be a mere trade—scarcely even in the hands of the veriest hireling in its ranks. Consider the doctor as a mere trader, and he

has one of the nastiest businesses in vogue, but the very nature of his occupation compels him to risk a kind of capital which essentially elevates his calling by rendering it similar to that of the artist, and that of other professional men. In the commonest transactions with his patients, he is compelled to venture his personal character—his fame, etc., his representation in the art he professes.

No doubt in a certain sense the grocer who sells you sand for sugar, does so at the peril of his soul; and risks his character as a trader, and a honest man; but it requires no lengthy consideration to show us that a medical man ventures far more, and his patients entrust to him far more, and things of higher value than are dealt with by the grocer or the shoemaker. Nor is the argument at all weakened by the fact, that the best tradesmen and the best artificers are often artists in their own callings, and import into the commonest transactions of trade the artistic and professional spirit.

The honest workman will always, unless he be the merest clod, and the dullest of the dull, take a certain pride and interest in his work, or his merchandise. But it is in the nature of some kinds of work to demand more of this than others do; and this is especially the case with the doctor's craft. For, consider for a moment, what you do when you entrust to the doctor's care the health, and life of your wife, or daughter, or yourself. It is not merely that he undertakes the care of so many pounds weight of organized elements, so much bone, nerve, muscle and blood, and all the rest of it. You trust him with the honor of families—with happiness—and virtue—and sometimes with the destinies of nations. And he in return, trusts you to a certain extent, with his character and his fame, and offers you in exchange, for a smaller or larger remuneration, the result of years of study and experience. And if further proof were wanting that the public does recognize the difference between the mere tradesman and the members of our profession, it would be afforded by the almost universal blame with which the doctor is credited, who refuses to turn out at night to a chance case of accident or illness, should the event prove unfortunate. For if he merely have so much skill to sell, why is he worse when he puts up his shutters and closes his shop, than the baker or the butcher who does the same? The fact is, that rightly or wrongly, the doctor's patients credit him as they do the clergyman, with the possession of moral qualities, of which rightly or wrongly, they demand the exercise. This is one reason why having ventured so much, or (if you like to put it in a hard and intelligible form, in good plain English,) having offered to sell so much for so little, the doctor feels that he has, as it were, embarked his capital in the case which has just been taken away from him. Hence it is that many a "doctor's row" has originated at the bedside of a pauper, or of those but little removed from that rank of life. Hogarth, whose satire was generally as true as it was pungent and keen, represents the faculty as squabbling over the death-bed or death-scene of a poor courtezan. But there is yet another reason why doctors like to retain their patients apart from all considerations of fees. It is the peculiar property of cases of illness or accident, to awaken in the minds of their medical attendants, a special interest of their own. We presume

the medical instinct which looks upon the patient as a "case" (it may be a rare, and interesting, or in medical jargon, a "beautiful" case,) is one of those conservative plans which find their place in the general scheme of providence. No doubt it is not flattering to an aristocrat to find, that the vibrations of a little bit of abnormal fibrine on the edge of one of his cardiac valves is of greater *interest* to his physician than his pedigrees or his personal accomplishments, but in the end it is no doubt better that it should be so, for from this arises the necessary consequence that the dangers of a careless routine are far more likely to be avoided than by any other considerations.

A little further consideration will also teach the public that the very failings of doctors, at least that "ridiculous" vanity, which is only another name for jealousy of professional reputation, must prove an additional safeguard to their patients, since it impels them to further exertions to maintain their positions in the medical world.

But this interest in their cases, and the loss of repute involved in losing a case by the advent of another practitioner, will account for many a professional controversy, apart from the *sacra auri* fame which, no doubt, sometimes plays a part. Further, there are men in our ranks whose fame and fortune preclude them from the sway of meaner motives, and whose kindness of heart impels them to seek their patient's real welfare, and who yet may feel and express a lively dissatisfaction at the loss of a patient, even when he or she falls into the hands of perhaps a better man than themselves. How can this be? The answer is not far to seek. If any medical practitioner has been long in attendance upon any patient, he acquires insensibly and gradually, a far truer knowledge of the patient's real state and habits (technically called "a knowledge of his constitution,") than almost any other man, however skillful, can hope to acquire in the period of any single illness. If all patients were "addicted to the truth," the simple, naked truth, the matter might be of less consequence—but "poor humanity" is so inclined to throw a mellow varnish over the cracks and flaws of its character, that the true knowledge of its condition is often only to be acquired by slow degrees. It is true that improved modes of physical diagnosis, and the experience of numbers of cases gained in hospital practice, are rendering us gradually less and less dependent on the veracity or mendacity of our patients; but this does not alter the fact that the plain and somewhat old-fashioned family doctor is often a safer guide than the more scientific luminaries of the profession, if the latter be strangers to the patient.

And the scientific physician or surgeon, who after making himself thoroughly acquainted with the patient's disease, and having explored its "ins and outs" by the aid of his former experience, helped out with all the appliances with which modern science supplies him, is suddenly superseded by another practitioner, must, to say the least, feel much as a book-collector, who, after discovering and appropriating a rare Elzevir or original Shakespeare which he fondly thought his own, feels should he suddenly find it claimed by a rival collector—or as one who finds out, and carefully cleans a Titian or a Rembrandt only to discover that it has been stolen from his neighbor's picture gallery.

In these aspects, we hold that there is much excuse for the medical practitioner who clings to his patient with a leech-like pertinacity, and were our object in writing merely to defend the profession to which we belong, or were our remarks solely addressed to the public, they might well terminate here. But as we write also and chiefly for medical men themselves, we can not refrain from earnestly entreating them to remember, that after all their patients are merely human, and not possessed of super-human virtues, and that therefore, if the tact and skill, and personal qualities with which they themselves are endued, fail to win the confidence of their patients, it is far better to acknowledge the failure, and to recognise the business aspect of the transaction (for every profession must have its business side.) Their own dignity would suffer far less in an orderly retreat than in a noisy and disorderly flight. And the doctor who is true to himself, and gives no flattering opinion from mere complaisance, or from unworthy anxiety for filthy lucre, will often find that "Honesty is the best Policy," and that although dismissed from caprice or impatience, he will be recalled triumphantly when time has proved the truth of his prognostications. And, far as we are from admiring the principles or the practice of the British medical tradesmen, we yet believe that many in our ranks would do well to take a few leaves out of his book.

A tradesman-like attention to the affairs in which he is engaged, and the business-like qualities of order and punctuality would be no detriment to the most scientific or professional man amongst us.—*London Medical Mirror, November* 1867.

Amateur Doctoring.—An inquest was held last week, by the Deputy Coroner for the Eastern Division of the county of Middlesex, on the body of a child two years of age, the son of a shoemaker of the name of Jessop, of Bethnal-green. It appeared in evidence that the child had suffered from what was supposed to be uncomplicated measles, and for which the father treated it. He took for his guide a certain book entitled "The Family Medical Adviser," by John Skelton, physician, surgeon, etc., author of "A Plea for the Botanic Practice of Medicine," etc., and "published by the author at 105 Great Russell-street, Bloomsbury." The child died, as was proved by the evidence of Dr. Sarvis, from inflammation of the lungs, and not from measles. The treatment was improper. After some very judicious remarks by the Coroner, in which he stated that if the jury took one view of the question, Jessop might be sent to Newgate, the following verdict was returned:—"Death from inflammation of the lungs, and the jury severely censure the father for not calling in medical advice."

We notice this case because there is too much reason to believe that the system of amateur doctoring, with all its absurdities and dangers, is much more prevalent than is generally supposed. Thousands of lives are sacrificed annually at the shrine of amateur and irregular practice. Cases of this kind are doubtless rare in which the causes of death are submitted to a coroner's inquest. There is not, however, a practitioner in the kingdom who has not been called in at the last extremity to witness the death of a patient who has been sacrificed to the do-nothing system of homœopathy practised by believers in "Family Guides," to the

treatment of prescribing druggists, to the improper administration of powerful medicines, or to the perverse stupidity of a certain class of individuals who have "no faith in doctors," and probably in nothing else than in their own ignorant infallibility. Goldsmith said that in England one could always meet with men who are amateur politicians and physicians; one could cure all the diseases of the State, and the other all the diseases of the body. Verily "England is the Paradise of quacks." It seems marvelous that in the present age, so remarkable for the extension of knowledge in all departments of natural science, the education of a very large portion of the public is so deficient in matters touching life and disease. It is urged as an excuse that medicine is by no means like mathematics or engineering, one of the exact sciences, and that it never can be so. But we answer that at no period of the history of mankind was the accurate diagnosis of disease by competent persons more satisfactory than at the present moment; that upon the accurate diagnosis of a case its successful treatment depends.

With the increased spread of education, it is to be hoped that the faith in amateur doctoring may diminish and die out. It is founded in the grossest ignorance and the worst of all prejudices.—*London Lancet, November* 16.

In our advertising columns notice is given of the opening of a new School of Medical Specialties in Boston. Specialties are often lectured upon in the Preliminary and Summer courses of our colleges; but as a separate and distinctive school we believe this is the first of its kind in the country. To students it will be of the greatest advantage and convenience, as it offers to them the opportunity of a very full course without interfering with their regular duties. From the known ability of many of the gentlemen connected with this enterprise, we do not doubt its popularity and success.—*Medical Gazette, November* 16.

The Learned Professions in England.—It is stated of the three leading professions, that in England the number of persons belonging to each is nearly the same—viz., 35,995 medical, 35,483 clerical, 34,970 legal.—*Boston Medical and Surgical Journal, November* 14.

Period of the Growth of Man.—Prof. B. A. Gould, from statistics derived from the register of two and a half millions of men in the United States Army, has brought out the fact that men attain their maximum stature much later than is generally supposed. This takes place commonly at 29 or 30 years of age; but there are frequent instances of growth until 35, not very noticeable—a yearly gain of a tenth of an inch, perhaps—still a growth. After 35, the stature subsides in similar proportions, partly perhaps from the condensation of the cartilages, partly because of the change occurring in the angle of the hip-bone. The age for maximum stature comes earliest to the tallest men, as if it were the necessity of unusual development. Foreigners were shorter than men of native birth. The height of men seemed to depend on the place of enlistment. A Massachusetts man enlisting in Iowa was an inch taller than if he had stayed at home. As we go [illegible] men grow taller. One man

measured more than 6 feet 10 inches. Out of 1,000,000, there were 5,000 who measured more than 6 feet 4 inches; but men of such stature do not wear well. In Maine, men reached their greatest height at 27; in New Hampshire, at 35; in Massachusetts, at 29; in New Jersey, at 31. The tallest men, of 69 inches, come from Iowa. Maine, Vermont, Ohio, Indiana, Minnesota and Missouri, give us men a little over 68; and the average of all shows the Americans to be "a very tall people.—*Medical Record, November* 15.

Medicines used now and in Galen's time.—Opium is at the head of this list, for there is, I suppose, scarcely a known use of opium which was not understood then. Galen, perhaps, used it more freely than we should in cases of continued fever where there was much pain, insomnia, or great excretion; and it was the favorite medicine in his time in cases of bronchitis, with abundant expectoration and troublesome cough.

But opium was also the chief ingredient (combined with almost all known aromatics and stimulants,) in the various "antidotes" which were taken habitually by the Romans to preserve them from the ill effects of poison, of the bites of venomous animals, and of bad diet, These antidotes, or "theriacæ," came afterwards to be used in the treatment of almost all diseases, in an indiscriminate manner, the rationale of which it is difficult for us to follow.

Trousseau and Pidoux, in their ingenious endeavor to explain the action of cinchona in malarial fevers, point out that these compounds must have had something of the same effect as bark, which they call "a kind of natural theriaca; and this is no doubt the real explanation of their former value and present neglect; they served a purpose which is now more effectually answered by cinchona and its derivative. It is much more difficult for us to understand how the theriacæ could preserve from the venom of serpents, yet the author of the treatise "De Theriaca ad Pisonem" had his facts (if facts they were,) to go upon. "No one has ever been known to die who took theriaca immediately after having been bitten by one of those animals which destroy life; and if any one takes it, and is bitten soon afterwards, its venom is harmless, as has been frequently proved by judges, who (having power to put to death and to pardon, and being desirous of trying this medicine,) have given it to criminals condemned to death." The author then goes on to say that he had tried the same experiment on wild fowl, and with the same results.

Squills, again, were employed for the same diuretic and expectorant effects as by us. They were sometimes pushed to a dangerous extent, for, after one prescription containing squills, Galen remarks, "It is a good remedy, and after its use patients pass blood by urine."

Aloes, galls, all the terebinthinate drugs, the resins and gum-resins, were much more largely employed than at the present day; while scammony, castor oil, colocynth, henbane, conium, and many other medicines, were equally well known. The root of the male and female ferns were used to destroy the tænia, and also as a bitter in chronic bronchitis and liver disease. Rhubarb (probably from its scarcity) was but little employed.—*British and Foreign Medico-Chirurgical Review, October* 1867.

Paris Letter.

PARIS, November 13.

The opening lectures at the Paris Faculty of Medicine have again been disturbed by one of those students' rows which now seem to have become endemic in this city. The suppression of the *séance d'ouverture*, and the foreign policy of the Government, are stated to have been the exciting causes of the present movement, although that riotous tendency which is so apt to prevail in any numerous body of young men may fairly be entitled to a share. In fact, however unpopular the late measures of the French authorities may have been, it seems hardly fair to inflict the penalty upon the scientific men who come forward to impart official instruction, and who most certainly would not have voted in favor of the Holy See if they had a voice in the matter.

When Professor Gavarret attempted to open his course of physics, he was cheered and interrupted by the students, who told him they had the greatest sympathy for his person, but would not allow him to proceed. When Professor Robin, the next day, attempted to open the course of histology, he was obliged to retire after an ineffectual struggle of ten minutes. On the third day, the opening lecture on general pathology was preceded by a speech from the Dean, M. Wurtz, who told the students that he was far from feeling on a bed of roses, and that, if it were not for the sake of the Faculty, he would long ago have thrown up his situation. He reminded them that, under a variety of circumstances, he had constantly exerted himself in their favor.

A little silence being obtained, Professor Lasègue addressed the assembly. He informed them that he would devote that day's lecture to the history of the labors of Trousseau and Andral, in order to teach them the respect due to their masters—a lesson of which they greatly stood in need. "I am not accustomed," he said, "to flatter the multitude; such conduct on my part would be mean and contemptible, and you must not expect it from me. I will therefore tell you at once that, instead of behaving like men, you act like children. You ask for freedom, but you do not deserve it; you complain of the restrictions under which you are placed. but no students in any university enjoy greater liberties than you do. Look at the law students—young men of your own age—and think of the regulations to which they submit. Remember that they are obliged to serve their apprenticeship in an attorney's office, and to obey the orders of a clerk. Compare your situation with theirs, and learn to be thankful. You follow the lectures when you choose; you walk the Hospitals when you please; you are free to select your teachers; and the only thing we demand of you is not to disturb the regular course of instruction. We should be happy to give you a still greater share of liberty if you were only fit to enjoy it." This address was loudly cheered, and the rest of the Professor's lecture was listened to with religious attention—a circumstance which will certainly surprise no one who knows the temper of a mob.

No further disturbance has occurred since then, and it must be hoped that Professor Lasègue's example will cure the Faculty of its excessive timidity, and teach it no longer to submit to the *vox populi*, which in this

case only represents the tendencies of a boisterous minority, composed of its most unprofitable pupils. On the other hand, the great majority of French students are able and anxious to learn; and the considerable audience which has attended the opening lectures of Béhier and Gosselin, Bouillaud and Richet, is a sufficient proof of this. Surely the leaders of our Academy ought not to allow some twenty or thirty individuals to persevere in creating a disturbance on every public occasion. It would be easy to fix upon the culprits, and expel them at once from the University. At all events, if this process, which has been going on for the last five years, is to continue for any length of time, both masters and pupils will be covered with ridicule—of all things the most dreaded in this country.

The numerous deaths which have lately occurred among our most eminent men have created a number of vacant seats, which are now beginning to be filled. At the Academy ef Medicine, the unexpected disappearance of Follin, who had been nominated only a few months ago, left a place which has been filled by M. Demarquay. In this case the Academy has decidedly given the preference to plodding industry over superior merit. M. Chassaignac, the talented inventor of Surgical drainage, of *écrasement linéaire*, and one of our most eminent surgeons, has been left out in the cold. But there is one thing which learned bodies do not always dispose of at their will, and that is—Fame, which the public at large are always sure to dispense with greater impartiality than can ever be expected from any official corporation.

The deaths of Velpeau and Rayer have beheaded our two Medical Associations. Hitherto somewhat hostile to each other, it appears that an attempt at union will be made by nominating Professor Nélaton President of both—something like the election of Prince Couza to the two Danubian principalities. Let us hope that the attempt will succeed, in spite of all difficulties; but a great deal of opposition is to be expected.

Two seats are vacant at the French Institute. The place of Rayer will probably be filled by a chemist; that of Velpeau remains open to competition.

At the Faculty of Medicine, the Chair of Anatomy, and that of External Pathology, are vacant, and the election will shortiy take place. It is to be deeply regretted that these important situations are not open to free competition.

Professor Claude Bernard has been elected President of the Biological Society, of which he has leng been the most illustrious member. The health of our great physiologist is now fully restored, and he will soon resume the course of his labors.—*Medical Times and Gazette, London, November 16th.*

CHARITIES OF FRANCE.—(The following is part of an interesting article with the above title, found in the *Boston Medical and Surgical Journal*, Nov. 28:)

The administration of public relief of the poor is placed under the "Prefect of the Seine" and the "Minister of the Interior." The Minister, on nomination of the Prefect, appoints a Director; and a Board of Council is appointed by the Emperor, on nomination of the "Minister of

the Interior," except two Prefects. This administration gives the estimate of numbers of relief for 1865 as follows:

In hospitals,	91,355
In hospices,	13,134
In convalescent hospitals,	752
Abandoned children in the Foundling Hospital,	542
" " placed in the country,	23,416
Registered poor,	100,000
Sick treated at their dwellings,	30,000
Total,	259,199

Hospi*tals* are for the sick. Hospi*ces* are for the aged, infirm, insane, incurable diseases, and destitute children. The hospitals are divided into two classes:

1st. Those devoted to the treatment of acute diseases and injuries, of which there are eight, viz.:—Hotel Dieu, containing 842 beds, one of the most ancient in Europe; La Pitié, 624 beds, founded in 1612 by Mary De Medicis; La Charité, 49d beds, founded in 1606; St. Antoine, 352 beds, ancient Abbey of St. Antoine; Necker, 403 beds, founded by Madame Necker in 1779; Cochin, 123 beds, founded by Mons. Cochin, a clergyman, in 1780; Beaujon, 440 beds, founded in 1780; Lariboisière, founded by Madame Lariboisière, who died in 1846, leaving a beqnest of 2,900,000 francs.

2d. Those for especial diseases, of which there are eight also, viz.:—St. Louis, 853 beds, founded by Henry IV., in 1607, principally for diseases of the skin and chronic complaints; Hôpital du Midi, 336 beds, for venereal diseases of men; Lourcine, 276 beds, for venereal diseases of women; Children's Hospital, founded in 1735, with a branch in the country—St. Eugenie—425 beds; Lying-in Hospital, (La Maternité,) 402 beds, in the ancient Abbey of Port Royal; Clinique, 146 beds, principally for lying-in patients; Maison Imperiale de Santé, 300 beds, situated in the Rue St. Denis, and occupied by paying patients.

Among these special hospitals, La Maternité is one which receives women in the ninth month of pregnancy, and cares for them until one week after confinement. The object aimed at is, to induce mothers, especially unmarried ones, to nurse their own children, and save the public thereby the expense of their support. Great success has attended this effort, since it is found, when once the mother has consented to nurse her infant, she is in little danger of abandoning it.

The Hospices are:—

Hospice for insane (men's),	854 beds.
" " (women's),	1341 "
" for old men,	1705 "
" for old women,	2790 "
Incurables (men),	427 "
" (women),	669 "
Ménages, at Issy, for aged couples, widows and widowers,	1383 "

This last charity, for aged couples, is designed "for those who, without being actually in a state of indigence, have not sufficient means to live." It is a creditable, useful, interesting charity. A part of the establishment is new,and is described as well worth seeing, for its elegance and beauty.

Besides the relief afforded by these hospitals and hospices, this administration acts as trustee of several foundations which have been established at different periods by benevolent individuals.

Then there are various hospitals, civil and military, not under charge of this general administration, as the Imperial Maison de Santé, at Charenton, the Sourds Muets, the Quinze Vingts, and the Jeunes Aveugles. Also two prominent ones—the Asile at Vesinet for convalescent women, and the Asile at Vincennes for convalescent men. These inmates are convalescents sent by other hospitals, and retained for three weeks, in order to regain strength for a return to work.

The establishment of separate hospitals for children is found to be a great blessing. It secures for them a better moral and religious training. In chronic diseases, demanding a treatment of four, five and six years, the requirements are supplied of schools, work-shops, open grounds, air, exercise, gymnastic apparatus, etc. In America, children have separate wards; but much remains to be done in affording distinct establishments. The experiment of the late Amos Lawrence, in opening a "children's infirmary," at Boston, in 1846, was perfectly successful; and was only given up, after about two years' existence, on account of the large average expenditure for so small a number of inmates.

The "Sisters of Charity" are an important feature of, and a great advantage to, the hospital system of France. For centuries these women have gained universal veneration. They have no pay; and render an amount and kind of service that could not be secured from hired attendants. Voltaire, who ridiculed everything, spared the "Sisters of Charity." The principal orders are—St. Vincent de Paul, St. Thomas de Villeneuve, St. Martha, St. Mary, St. Augustin.

Progress of Illegitimacy.—Moralists are shedding tears, as well they may, over the increasing proportion of illegitimate births in various centers of population throughout the world. Let us hope the increase is rather apparent then real, and the result of the more rapid inquiry which the industry and humanity of modern times are directing upon all questions relating to the interests of society. Meanwhile, an effectual remedy has been suggested by a philanthropic writer in an Atlantic city. He proposes seriously that laws be passed declaring no children illegitimate but those born from the association of married persons with other persons than their own husbands and wives! The proposition is bold and revolutionary, but as the status of offspring in this respect is determined by law, it would be effectual—*Pacific Medical and Surgical Journal, Nov.* 1867.

A Hint for Women—Mrs. Caroline H. Dall, one of the best writers in America, says: "I have looked in women's faces to see what marks their lives have left, and I tell you that it is a simple fact that women who habitually prevent impregnation grow cold, debased, unlovely in their expression; and that those who resort to abortion become sharp, irritable and ungenial, every thing in short that we mean by unmotherly."

ERRATA.—After commencing the putting in type of this number of the *Journal*, we were delayed until the 29th of November by not receiving until then a promised article, one that it was of importance should appear in this issue; and in consequence of this delay, we have been compelled to hurry nearly all the work in the first few days of December, and find that several most provoking errors have occurred, some of which we shall mention:

On page 706, 1867 should be 1857; page 713, the caption should be SOURCE, instead of sources; pages 732, 734, and 736, BIBLIOGRAPHY is mis-spelled; in the fourth sentence on page 744, there is a sad transposition of words, and causes is substituted for cases.

We have neither time nor patience to complete the list. *Hereafter* we shall wait for no contribution any later than the 20th of the month preceding that upon which the *Journal* is to be issued.

T. P.

The Sleeping Woman.—Miss Susan Godsey, known as the sleeping woman. Her home is in Obion county, Tennessee.

A few days ago I visited her and made notes of her case from observation, and the history as given me by her mother and brother-in-law, who witnessed it from the beginning of this peculiar condition. Age twenty-seven years; has been asleep between eighteen and nineteen years. Awakes almost at the *same time at certain hours each day, remains awake only from five to ten minutes.* Awakes at three o'clock A. M., then at six, and every successive hour until twelve M. Again awakes at three, six, seven, nine, and eleven P. M.

Pulse obscured by constant tremor of muscles; bowels generally operate once a day; menstrual period very irregular, frequently fails to appear, and when it does is generally very scanty. When awake complains of pain in the head and down the spinal cord. The first six years awoke only twice a day; since that time she awakes more frequently, but for the last five years the frequency in waking has not increased. Has what I term a general spasm about every ten minutes; had two during the first twenty minutes after I saw her. Almost immediately following the spasms she has a spell of hiccoughs, hiccoughing generally ten times each spell, at which times the head and neck are raised and the head falls forward; awoke one time during the hour I was with her, remained awake seven minutes; talked rationally in answer to my questions. In an instant I discovered she had fallen asleep. At the same time I endeavored to arouse her but could make no impression on her, she slept on. It is impossible to arouse her until her usual times for waking; complains severely of cramping in the stomach and pain in left side; color is rather healthy; expression of eye good. When awake she is always gloomy; *never calls for food* but generally relishes it when given; occasionally calls for water. The mother and brother-in-law state that just before she passed into this

condition, she was sick with intermittent fever, and that her doctor gave her large doses of morphine, laudanum and ether; that the doctor (?) remarked to them (the father, mother and brother-in-law,) "I have tried to cure her and failed, and then tried to kill her and failed."

The spine has been blistered and the galvanic battery used. She is medium size, moderately well developed, except the mammæ, which can scarcely be said to be developed at all, and the finger and toe nails have not grown any since she passed into this condition.

This patient has actually been in a deep sleep between eighteen and nineteen years, with the exception of the few minutes each day at the stated time.

I am satisfied that this a very remarkable case, and I have reported it for the reason I believed the profession would be interested in the history of such an anomalous one.

I will not attempt to account for her sleepy condition. I do not feel competent to advance an opinion about a cause that is involved in such profound mystery. The sensible answers to questions and conversation while awake, makes it evident that the cerebrum is not organically diseased. The difficulty may be at the base of the brain. The characteristic pain in the left side and cramping in the stomach, attended with a rational condition of the mind, reminded me that it might be an aggravated form of the protean malady, hysterics.

I have given the mother and brother-in-law's statement of the treatment that was used immediately before she passed into this condition, for what it is worth.

What I have said about the probable cause of her condition is mere conjecture. Last spring my friend Dr. B. Marshall, of Woodville, furnished me the notes of her case from observing it one day, also our highly respected and intelligent presiding elder, Rev. Mr. Binum. These notes correspond with those made by myself. Dr. Wilson, of Union City, and Dr. Wright, of Kingston, Tenn., were with me when I made the notes I have given in this report.

If this case has any parallel in the recorded history of medicine, I am unaware of it.

Should any one doubt the authority of this report, it can be established by numbers of the most prominent men in Western Tennessee and Kentucky.—*Dr. Thompson, Paducah, Ky., in the Nashville Journal of Medicine and Surgery.*

Economy in Cookery.—The late M. Soyer, who was an undoubted genius in his way, held that the morals of a people greatly depend on their food, and because the ancients looked upon their *cuisiniers* as distinguished members of society, he naturally awarded them the palm of superior wisdom as compared with a degenerate race which rewards its cooks with a few paltry pounds a year and a home in the kitchen. There is something, however, to be said on the other side; for while there can be little doubt that were anything like a reasonable proportion of the cooks in our day possessed of the knowledge and skill which distinguished M Soyer, they would long since, like him, have taken rank among the *savants* of society, the fact remains that a majority of the class upon whom we de-

pend for the preparation of that food whose importance in relation to our moral character we are not disposed to question, are utterly and absurdly incompetent dabblers, quite devoid of even the most elementary acquaintance with the chemistry of the kitchen.

There is a great deal of shrewd worldly wisdom in the saying that "Heaven sends us good meat, but the devil sends cooks," however much the notion may shock our sense of moral propriety. Dyspepsia engenders perhaps the most unangelic frame of mind into which any body can be driven by either of the thousand ailments afflicting humanity; and how frequently this complaint is caused by badly cooked food we can form a pretty good estimate. The absolute loss of nutritive power, and of the money value of food, which is due to the blind unreasoning prejudices and habits too frequently observed in its preparation, must be enormous. One would be afraid to hazard a guess at the quantity of nutritive substance wasted every year by bad cooking; but unless our food supply can be made to increase in an equal ratio with the increase of mouths to be fed, this question of waste will soon present itself in rather a serious light.

The Paris correspondent of the *Times* has lately called attention to an apparatus for cooking which he has seen in operation at the Exhibition, and which really seems capable of bringing about, not only a saving of the most valuable qualities of food, but also of fuel, water, time, and money. The invention is simplicity itself, and as we have personally examined and tested its powers, we are able to give a description of the *modus operandi*. We have first, then, a wooden box about eighteen inches square, and on raising the lid it is seen that there is a lining throughout of black felt (enclosing a thick padding,) leaving an aperture in the center, which contains a round tin box. We were courteously asked to name some viand for illustrating the use of the apparatus; and having selected a promising-looking chicken from the nearest poulterer's, it was placed in the tin box (which is really the cooking vessel, and has a lid like that of an ordinary saucepan,) a sufficient quantity of cold water was added to cover the chicken, potatoes and rice were put in, and the cooking vessel was then removed and placed on a common fire. As soon as the contents had been brought to the boiling point, the vessel was quickly removed from the fire and dropped into its nest in the box; a wad of black felt was placed over it, the box lid shut closely down, and the box carried away to that part of the room furthest from the fire. Two hours afterwards the box was opened, the wad removed, the cover of the vessel raised, and a most appetising odor gave promise which was amply borne out. The chicken had, in this automatic fashion, been cooked to perfection, and it was evident that the loss of flavor and delicacy by the ordinary process of boiling had been entirely done away with in the present instance. Potatoes and rice were equally satisfactory. The secret of this magic cookery will, we devoutly hope, be spread abroad, not only in the homes of the poor, but also among those who have long wearied of sodden, insipid meats whose goodness has all been boiled away at a hand gallop. The shrewd intelligence of the Norwegians is very well known, and we understand that, among other sensible practices common to the peasantry of that country, they have a way of insuring against burnt porridge by taking it off the fire as soon as it shows signs of ebulli-

tion, and putting it in a pan or jar which they cover over with hay for a sufficient length of time to cook it thoroughly. They have long known that when a certain amount of heat has once been generated in the food to be cooked it is only necessary to prevent that heat from being withdrawn by contact with cold air to complete the cooking of the food. It is the application of this principle (which is scientifically sound, and as old as the hills,) that has resulted in the invention which bears the name of the "Improved Self-Acting Norwegian Cooking Apparatus." The deal box is constructed so as to form a non-conductor of heat or cold, the reduction of temperature of any substance placed in it being so gradual and slow that a gallon of water shut up at 212° Fahr. would register at 140° after the lapse of twenty-four hours.

As is well known, the chemistry of cooking shows that meats, whether boiled or roasted, should be first submitted to an intense heat, so as to fix the juices, and then cooked slowly at a low temperature. The neglect of this elementary bit of science is painfully apparent in the hard, indigestible, juiceless stuff which is so often to be met with at dinner tables. The automatic apparatus reduces evaporation to a minimum, and hence the remarkably fine flavor and nutritious quality of the comestibles prepared by its aid.

One can see at a glance what a host of uses this invention may be applied to, and how many advantages it offers. The economy in fuel alone would be immense. Instead of having to keep up fires from one meal to another throughout the summer, all the cooking necessary may be done the first thing in the morning. The fires may then be extinguished. The forces of nature working quietly and regularly, in most advantageous substitution for the costly inefficacy of intermittent attention from servants, provide a hot meal even after seventeen or eighteen hours' isolation of whatever food may have been placed for cooking in the box. The prospect of a diminished consumption of coal opens up the anticipation of a sky more clear and an atmosphere freer from pollution, with a consequent gain to the health of the dwellers in our large cities and towns. All the fire that is necessary to set the apparatus to work is just enough to raise the water in the tin vessel which contains the meat or vegetables, or whatever is to be boiled or stewed, to a brisk ebullition. The fire may then be put out; it has done its work. Referring to some of the more immediate practical applications of the apparatus, the *Times* correspondent says:—

"The pot is put into its nest of felt; lock it up, and leave it in your kitchen, or take it with you on your journey. Nurturing its store of heat, the process of cooking goes on hour after hour, just as you need soup, or ragout, or Irish stew, in your box, and ten or twelve hours after you will find it piping hot, so that you may leave London with your supper in your portmanteau, and before you have done your breakfast, and find it cooked and warm at night. Could not a trial be made of it for our troops? For campaigning what could be better? We have spent thousands on stoves and cooking ranges, and have only secured economy of fuel by accepting weighty iron machines with all sorts of tubes and stopcocks and steam-pipes. Any one who has campaigned knows that meat is rarely roasted; the ration is most usually boiled or stewed with vegetables. Suppose the camp fires lighted, the kettles just singing and bubbling. There is an

alarm of the enemy, or the march must be renewed at once. Nothing more common—nothing more trying to the soldier's temper and patience. With these Norwegian kettles all the men would have to do would be to pop them into their wooden cases, put them on the mules or in the cooking carts, and trudge along to death and glory, or the next halting place, where, if they arrived in a state to gratify their appetites, they would find their meals cooked and smoking hot, which, next to glory, is probably the most valued boon which could be offered to them at the moment. In the moor—in covert sporting, where crafty lords of land like to spare their pheasants by an interlude of hot lunch; in yachting; in fact, in all places where the processes of cooking are now wasteful and troublesome; above all, in the cottages of the poor, these Norwegian boxes, which are moderate in price, promise to prove of great utility."—*Medical Times and Gazette, Oct.* 26.

EDITORIAL AND MEDICAL NEWS.

The end of the year rapidly approaches; before we again have the pleasure of addressing our readers, the Christmas bells will have rung out their joyous peals upon the frosty air—1867 passed away irrevocable as the years before the flood, and 1868 will have come with its burdens of duties and pleasures, prosperities and adversities, trials and temptations. We must now, if at all, wish our friends a Christmas merry as any of its predecessors, and a New Year happier than any of the past years. Nor do we utter these words as an idle form, for we feel to those friends who have encouraged us in our enterprise—whose contributions to the pages of the JOURNAL, and whose efforts to enlarge its influence and usefulness have been so generously bestowed—a gratitude which even the kindliest wishes for their happiness can but faintly express.

Christmas is only for a day, and its merriment at best is soon over; but the year embraces in its golden circle three hundred and sixty-five such measures of time, and its happiness may endure through them all.

Apart from the home and social pleasures which the physician may have in common with his fellow men, the peculiar sources of his happiness are found in his own constant growth, and in his increasing usefulness to others. Does any one doubt that professional usefulness contributes largely to the happiness of the medical man? Let him revert to some of his past experiences, experiences it may be of the very year which so soon terminates. In it there have been heard voices of thanksgiving, the fervent

God bless you! welling up from grateful hearts and breaking in tremulous accents upon the wave of speech—thanksgiving from the mother whose child his skill has saved from an early grave, from the husband whose wife had almost departed where they neither marry nor are given in marriage, but was recalled by the intervention of the physician's divine art, from the strong busy man whom disease smote in the pride of his strength and in the hurry of his business, but who was restored to vigor and labor. Surely such experiences as these make us rejoice that we are physicians, knowing that we are not living in vain, and that we oftentimes receive a recompense of gratitude which is more precious than silver or gold. Let the medical infidelity which measures science, sympathy, professional skill and care by a pecuniary standard, and makes *pay* the prime motive for the physician's labor and anxiety, sneer as it may, it remains eternally true that gratitude is one of the noblest sentiments of the human soul, and its manifestations and their memory cheer many an otherwise dark hour of the physician's life. True, as Jean Paul the Only has said, while wings will do for the empyrean we need clogs for the paving stones—that kind words buy no barrels of flour, and pay no butcher's bills, (we are quite alive to the truth that printers will not accept such currency in liquidation of their claims), yet we do not believe that the faithful physician who proves himself worthy the confidence of men, will long suffer any serious pecuniary need.

Does any one charge us with exaggerating the moral and philanthropic functions of the physician? A few months ago Professor Béhier, before the Faculty of Medicine and the students of Paris, pronounced the eulogy upon the celebrated Rostan;* after referring also to Trousseau in it. he uses the following language: "And now, gentlemen, in presence of these noble examples, the best wish for all of you, as for me, that I can express, is that it may be granted unto us to live as they lived, for the good of all," etc. It is this *living for the good of all*, that should be the desire and effort of every physician.

As the memory of our successes in practice, the confidence which they have inspired, the kindness and affection which they have evoked, should not only be a just source of pleasure in the retrospect, but should quicken us to greater professional diligence, a similar quickening influence ought to result from our very failures. We have witnessed cases of disease or accident where our best efforts were unavailing to avert a fatal issue—we palliated, it may be, but we did not cure; we can remember house-

* Reported in the *Archives Generales* for September.

holds where the patter of little feet and the prattle of little voices that woke the strongest pulses of love in parental hearts, were forever stilled—young men or maidens just when life proposed its gladdest joys, husbands or wives just when life pressed with its gravest trusts, hurried away by death, alike inexorable to tears, to social ties, and to all our art. From these sad scenes we have gone to our studies deploring the imperfection of that art, but resolved to devote ourselves anew to its investigation, enlarging our own knowledge, and contributing our contingent, however small, to that of others. Life saved and life lost have one voice to the thoughtful, conscientious physician.

Fortunate are those of us who accomplish the year, and can revert to no professional misunderstandings or bickerings, and who may have their memory unscarred by unkind words, unjust judgments, or malevolent deeds. Very much of our unhappiness has its source within the profession itself—very little is really of exterior origin. The Brotherhood of Medicine! Shall we always be compelled to only look with longing eyes for it, and never permitted with cheerful voice to hail its advent? In vain we waste our breath in denouncing irregular practitioners, in vain declaim against society for encouraging them, and repine at our own alleged non-appreciation, as long as we find leisure to war against each other. Our time and our energies, expended either in the former or latter modes, should be wholly consecrated to making such attainments and such culture as would prove that Rational Medicine, and we, as its representatives, should be always and everywhere foremost in honor and esteem. Never until we translate this creed into our daily lives, can we attain our best measure of happiness or of usefulness. Light dispels darkness by no direct conflict with it—the purer, the stronger the former, the more rapidly the latter disappears; only thus can True Medicine terminate all false systems—polemics is a part of theological, not of medical training, and war should not be embraced among the functions of the physician. As we are taught in natural philosophy that, in certain conditions, two undulations of light or two distinct sound-waves, may perfectly antagonize each other, the result being in the one case *darkness*, and in the other *silence*, so do physicians who engage in personal strifes dim for the time being the true light, hush the true voice, and hinder the progress of medicine. The lighter ills we are called to suffer, ills done us in downright ignorance or in moments when passion has hushed the conscience and blinded the intellect, better pass over with charitable and silent forgiveness; and if a man should do you grievous, personal and professional wrong, waste neither your own time nor that of your professional brethren by parading the

wrong for public observation, but simply refuse association with the offender until he make acknowledgment of the offense or prove by the consistent and courteous conduct of a gentleman that such offense will never be repeated. Let us so far as possible, with the dying year, let all its voices of discord die, all its memories of disagreements and disputes, of strifes and bitter words, of ungracious or ungrateful deeds sink forever in the fountain of human oblivions.

"What pang
Is permanent with man? From the highest,
As from the vilest thing of every day,
He learns to wean himself. For the strong hours
Conquer him."

If, as Lord Bacon taught, riches are to be regarded as the baggage, the *impedimenta* of virtue, how much more are these unhappy memories feelings and passions to which we have referred, the useless and injurious *impedimenta* of professional progress, and how terribly weighed down must he be who carries on from year to year such painful accumulations! A New Year speedily opens its portals to us, and we will enter them light-hearted and hopeful, first laying aside all these weights and hindrances.

A FRIEND reminds us that we have neglected to notice that Dr. Richardson has renounced his ammonia theory of the coagulation of the blood. Yes, Dr. R. has renounced this theory that had scarcely lived long enough to be called old, and proposes a new theory which the scientific world will be more slow in receiving than they were the first. Tennyson must have had in his mind the rise and fall of medical theories and hybotheses, when he wrote—

"Our little systems have their day;
They have their day, and cease to be."

AT A MEETING of the St. Louis Medical Society, held October 26th, it was unanimously resolved that some efforts towards legislative enactments for the protection of the people against quacks and humbugs, be attempted at the approaching session of the Missouri State Legislature. Dr. Hammer, *Humboldt Medical Archives*, November, in the course of a brief editorial urging the importance of this desired legislation uses the following words:—"In all of the professions we must be guided by the lights of older communities. In England, France, Germany and Switzerland, there are most strenuous efforts made by the 'Government' to suppress charlatanism, and, notwithstanding the popular belief, there are relatively fewer quacks ten to one, in those countries, than we have in the United States. Our medical schools are in a measure to blame for this

condition of affairs, because they are not rigorous enough in graduating the candidates for the degree of Doctor of Medicine."

Dr. J. J. Rooker, of Castleton, Marion Co. Ind., proposes to prepare some statistics, showing the effects of balls retained in the human body. Any one having cases of such injuries from firearms, and willing to report them, will be furnished with *blank forms* upon application to the doctor.

We think we can promise our readers that the January number of the Journal, will be quite worthy of their perusal Among the original articles that will appear in it will be one by Prof. Wright of Cincinnati, on the *Constitutional Treatment of Dysmenorrhœa;* one on *Hepatic Disease*, by Dr. Carson; *Local Anæsthesia*, by Dr. Weist; *Medical Progress*, by Dr. Comingor; *Quinine, Iron and Chlorate of Potash in Scarlatina*, by Dr. Griswold, of Circleville, O.; *Primary Causes of Prostitution*, a translation from the French of Parent-Duchatelet, by Dr. Wm. Mason Turner, of Philadelphia; a review of the Transactions of the Ohio State Medical Society, by one of the ablest of the medical writers of our country; bibliographical notices of the recent editions of West and Byford, of Rev. Dr. Todd's Woman's Rights, and of Dr. Storer's Is it I? etc., etc.

In the Cincinnati Journal of Medicine, August 1866, we published some translations that we had made from the *Annuaire de Therapeutique*, etc., *Par A. Bouchardat*, Paris, 1866, among which was one on Lortet's use of ether as a remedy for tape worm. And now we find some of our exchanges, eastern and western, especially the former—publishing this method of treatment as a recent thing. We care no more about the credit of having first called the attention of the profession in our country to this novelty, than the credit of having first presented, in a review of Bernutz and Goupil's *Clinique Medicale*, etc., American Journal of the Medical Sciences, July 1867, some views of Guérin upon the value of the uterine speculum, and which we saw a few weeks since doing duty in a contribution to one of our exchanges, without any acknowledgment of the source from which they were obtained, but we do think fourteen or fifteen months rather too long, even if the weather were constantly cool, to keep such an ether-item entirely fresh and without evaporation.

The students of the Medical College of Ohio have done an excellent thing in publishing Prof. Gobrecht's Introductory delivered at the commencement of the present lecture term. It will do them good to have in a permanent form such clear views of true medicine and the mode of teaching it, such manly protest against some of the heresies that are

intruded upon us in these days, such high appreciation of the dignity and importance of the physician, and judicious counsels as to study and deportment. We may add also, that no member of the profession can read this address, and not be grateful to Dr. Gobrecht for writing it, and to the students for having it published.

OUR READERS will be interested in the remarkable views in reference to *Phthisis*, entertained by Dr. Budd, and found in this number of the JOURNAL. They are destined to attract no little attention on the part of thoughtful physicians, especially as they are promulgated just when the experiments of Villemin as to the *inoculability of tubercle* have been in the main successfully repeated. If science should now accept the contagiousness of pulmonary tuberculosis, it would be simply verifying a popular belief. And here we can not but observe that we might be guided towards the acquisition of truth, as we certainly would be rendered more catholic in spirit, by accepting as a fundamental principle, that human beliefs prevalent and continued generally contain some portion, greater or less, of the true. In the words of one of the great thinkers of our age, Herbert Spencer, "Entirely wrong as they may appear, the implication is that they germinated out of actual experience—originally contained, and perhaps still contain, some small amount of verity. More especially may we safely assume this, in the case of beliefs that have long existed and are widely diffused; and most of all so, in the case of beliefs that are perennial and nearly or quite universal." We believe that the views here expressed have a relation to this subject, to the investigation of which an increasing value attaches in consequence of the converging lights of clinical experience and physiological experiment.

The views of Dr. Budd do not escape criticism. In the LANCET, Nov. 2, Dr. Cotton, for so many years physician to the Brompton Hospital for Consumption, enters the lists, combating from the statistics of that institution, the contagion-theory—if this were true, then the attendants in such an hospital ought to manifest peculiar liability to tuberculous disease; but they do not, and therefore the theory is not true. Dr. Wilks in the last number of the LANCET, Nov. 9th, takes similar ground.

For the present at least, possibly too for a long while in the future, the whole matter must remain *sub judice*.

BY REFERENCE to our advertising columns it will be seen that the Long Island College Hospital, has had a partial reorganization of its Faculty. Our friend, Professor Armor, whose ability as a clear and polished lecturer is so well known, now has the chair of theory and

practice and materia medica; Professor Ford, *one of the two best lecturers on anatomy in the United States*, lectures in his favorite department. Add to these the names of Hamilton, of the Flints, and those of the other gentlemen comprising the Faculty, and it will be seen at a glance that this School presents both great reputation and ability on the part of its corps of teachers.

THE ITALIAN government has been the first recognize by law the devotion and disinterestedness of the medical profession in their attendance upon cases of cholera. By a recent law the Chambers have provided that an annual pension of four hundred francs shall be paid to the widow, and a thousand francs to the children of any physician who dies from such exposure. The pension of the widow ceases if she marries again, and that of the children on attaining majority.—*Boston Medical and Surgical Journal,*

DR. J. V. C. SMITH, of Boston, and DR. J. H. GRISCOM, of New York, have been adjudged the successful competitors for the "Prize Essay on the Physical Signs of Longevity," for which $500 was offered some time ago by the American Popular Life Insurance Company. The essay of each of the gentlemen was so good that the committee could not determine which was the better, and the prize was awarded to each.—*Med. and Surg. Rep. Phila.*

IF WE are correctly informed, Mr. Syme has bid adieu to the use of the ligature, save in the tying of the larger arteries. He employs torsion; and after this operation is completed, he clears out the wound, using a weak solution of carbolic acid and water (one part to thirty,) and covers the whole over with a paste containing carbolic acid, chalk and other ingredients.—*London Lancet, Nov.* 16.

WE REGRET to announce the death, at New Haven, of DR. WORTHINGTON HOOKER, a name well known to the medical profession in the United States. DR. HOOKER was a native of Springfield, and since 1852, Professor at Yale Medical College. The *Springfield Republican* says that he was a graduate of Yale College in 1825, and of Harvard Medical School in 1829. He had attained an eminence fully worthy the position he filled for fifteen years in Yale College, and did much to render his difficult science one of popular use and knowledge. Several valuable works, treating of medicine and chemistry, and their practical combinations, came from his pen, and have been extensively used as school text books.—*Boston Medical and Surgical Journal, Nov.* 14.

ERRATUM.—The types make the author of the remarks upon Veratrum Viride (as given in your JOURNAL of November, page 657,) to say—"The *force of the heart's contractions will bear an* INCREASE *ratio to that frequency*" which is contrary to the ideas attempted to be advanced, and which should read "INVERSE *ratio to that frequency.*"